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MISSOURI
STATE BOARD OF NURSING
NEWSLETTER

The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 98,000 to all RNs and LPNs

Volume 6 No. 2 **May, June, July 2004**

Message From the President

Authored by Robin S. Vogt, PhD, RN, FNP-C
Board President

Vogt

On-line Renewals Closer to Reality

On April 1, the Division of Professional Registration will be releasing their on-line renewal site (http://renew.pr.mo.gov/). The Missouri Committee for Professional Counselors was chosen as the pilot board in part because of their number of licensees and the timing of their renewal period.

Once the Division has completed the renewal process for the pilot board and are satisfied with the functionality, the Division will begin allowing other professions to be renewed on-line.

A link to the on-line renewal site will be added to the Division's main Internet home page on April 1. Please remember that Professional Counselors is the only board currently doing the renewals on-line. Persons renewing on-line will use a PIN and their License or Registration number to access the site. This information will be sent to them inside their renewal packet.

If all goes well, RNs should be able to renew their licenses on-line next year.

Missouri and Kansas to Host Annual Meeting of the National Council of State Boards of Nursing, Inc.

The annual meeting of the National Council of State Boards of Nursing will be held at the Westin Crown Center in Kansas City, Missouri, August 3-6, 2004. The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection. The purpose of NCSBN is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing. NCSBN's programs and services include developing the NCLEX-RN® and NCLEX-PN® examinations, performing policy analysis and promoting uniformity in relationship to the regulation of nursing practice, disseminating data related to the licensure of nurses, conducting research pertinent to NCSBN's purpose, and serving as a forum for information exchange for members. NCSBN's Web site is www.ncsbn.org.

Nurse Licensure Compact Formal Evaluation Available On-line

Members of the Nurse Licensure Compact (NCL) who were in their second or more year of implementation were surveyed to discover the impact of the compact.

Randomly selected licensees and employers were also surveyed. The report presents data obtained from all three sources of data. You can view the report at www.ncsbn.org from the Nurse Licensure Compact link.

Open Forums Continue to Be a Success

We continue to have an open forum on the second day of each board meeting. The open forums are an opportunity for the public to dialogue with the Board on any issues of interest. You can view Board meeting agendas at our new and improved Web site http://pr.mo.gov/nursing.asp.

NCSBN Learning Extension

The Board of Nursing has been hosting seminars around in the state in conjunction with the Missouri League for Nursing. During these seminars, we show a video titled Delegating Effectively. The feedback has been extremely positive. The National Council of State Boards of Nursing has a number of educational materials such as the Delegating Effectively video available at http://www.learningext.com/.

Tell Us What You Think!

Our new Web site allows you the opportunity to complete an on-line survey and make suggestions for our Web site. Go to our Web site at http://pr.mo.gov/nursing.asp, scroll to the bottom and click on the On-line Survey link.

Executive Director Report

Authored by Lori Scheidt
Executive Director

Scheidt

Our newsletter articles are due approximately two months before the newsletter is actually published. By the time you receive this newsletter, the legislative session will have ended.

Representative Lanie Black (Republican - District 161) filed House Bill 1425 on behalf of the Board of Nursing. This bill:

- Adds the definition of Advanced Practice Registered Nurse (APRN);
- Allows APRNs to be issued a temporary permit;
- Defines lapsed license status;
- Allows an advanced practice registered nurse (APRN) to have one license with one renewal date rather than a license and a document of recognition (two licenses) with two separate expiration dates;
- Revises 335.017 IV therapy language to represent current terminology;
- Revises 335.049 exemption for those APRNs already recognized;
- Protects the title of "nurse;" and,
- Adds a definition of retired license status.

The bill also allows the Board to have expedited hearings. On occasion an individual or licensee engages in conduct, such as unlicensed practice, that presents an immediate risk to public health and safety. The Board would like an expedited hearing process in order to be able to take quick action to stop the misconduct and protect the public. The language is identical to that already found in Board of Healing Arts and Board of Pharmacy statutes.

The final component of the bill allows for certification for specialty training. The Missouri Department of Health and Senior Services (DHSS) will approve training courses in specialty training, whether it is a biochemical attack or other emergency. The Missouri State Board of Nursing is requesting legislation to designate which nurses have received training approved by the DHSS.

Senate Bill 749 (Kennedy, Harry-D) defines the term "registered nurse first assistant" and authorizes the Missouri State Board of Nursing to promulgate rules for their certification. A "registered nurse first assistant" (RNFA) is defined as a registered nurse, licensed in Missouri, who has received additional certification through a nationally-recognized professional organization to become a RNFA or who meets the criteria for RNFAs established by the Missouri State Board of Nursing.

House Bill 987 (Ward, Dan-R and Page, Sam-D) establishes a prescription-monitoring program in the Department of Health and Senior Services. Requires the program to monitor the prescribing and dispensing of all Schedule II through Schedule V controlled substances by all licensed professionals who prescribe or dispense these substances in Missouri.

House Bill 898 (Johnson, Robert Thane-R) establishes the Prescription Drug Repository Program in the Department of Health and Senior Services to provide pre-

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scription drugs to low-income Missouri residents.

House Bill 1334 (Davis, Cynthia-R) distinguishes the practice of midwifery from the practice of medicine.

Senate Bill 1218 (Quick, Ed-D) provides title protection for advanced practice registered nurses.

Senate Bill 1255 (Dougherty-D) authorizes an advanced practice nurse to prescribe schedule III, IV and V controlled substances if such nurse has been delegated the authority under a collaborative practice agreement.

Senate Bill 1127 (Cauthorn, John-R) is the Nurse Licensure Compact. There was a hearing in the Senate Pension and General Laws Committee on March 9, 2004. Based on input during that hearing, the members of the Missouri State Board of Nursing did approve that the following language be added to the compact:

335.501 Applicability of compact.

A. The term "head of the nurse licensing board," as referred to in Article VIII of the Nurse Licensure Compact, shall mean the Executive Director of the Missouri State Board of Nursing.
Rationale: A concern of an organization that opposed the compact is: each state that adopts the compact will have a compact administrator. That is correct and necessary in order to facilitate administration of the compact.

B. A person who is extended the privilege to practice in this state pursuant to the Nurse Licensure Compact is subject to discipline by the Board, as set forth in this chapter; for violation of this chapter or the rules and regulations promulgated herein. A person extended the privilege to practice in this state pursuant to the Nurse Licensure Compact shall be subject to adhere to all requirements of this chapter, as if such person were originally licensed in this state.
Rationale: Past opposition testimony has included a concern that the right of individual nurses to a fair hearing of any disciplinary matter must be protected. Adding this additional language would clarify the intent.

C. This Article is applicable only to nurses whose home states are determined by the Missouri State Board of Nursing to have licensure requirements that are substantially equivalent or more stringent than those of Missouri.
Rationale: Past opposition testimony has been that the compact would require party states to accept licensure standards of other states which could lead to a "lowest common denominator" of state licensure standards. In fact, states will continue to have complete authority in determining licensure requirements and disciplinary actions on a nurse's license per the state's Nursing Practice Act. Standards for nurse licensure are generally uniform from state to state. Graduates are required to successfully complete the National Council Licensure Examination (NCLEX,), which determines that they have the knowledge, skills and abilities to practice safely at an entry level. This additional language has been agreed upon by all compact states either through their enabling language in the compact or through rules. A compact state will only issue a SINGLE STATE LICENSE to individuals that do not meet the uniform licensure requirements.

In the next newsletter, we will report on what bills passed. You can also check the status of bills at http://www.moga.state.mo.us

New Board of Nursing Web Site

In an effort to improve how we serve the public, the Division of Professional Registration has redesigned our Web site. It is our hope that the change will improve your experience and allow you to navigate the site more effectively. As always we welcome your comments, suggestions or concerns regarding our site. Be sure to update your bookmarks to http://pr.mo.gov/nursing.asp. The licensee search is updated nightly and there is now a change of address form on the Web.

Nurses Making a Difference, One Life at a Time

Judge's Desire to help Leads him to new Field

By Joe Lambe
Reprinted with permission of *The Associated Press*

KANSAS CITY, Mo. (AP) - On a recent Saturday morning, Jackson County Judge Vernon Scoville started his nursing rounds at North Kansas City Hospital.

Unusual enough for an associate circuit judge, but this day was off to an even more extraordinary beginning. It was the continuation of a remarkable story about healing, second chances and what we do with them.

Scoville walked into Room 1001, a room he knew all too well. Two years earlier, Scoville lay in the same room, recovering from a motorcycle accident that nearly cost him his left foot.

On this Saturday, Anthony Gillette, 32, of Independence, was there, recovering from a motorcycle accident. A large splint wrapped his shattered left leg and pain medication dripped slowly from an intravenous bag into Gillette's arm.

Gillette immediately recognized the nurse's aide.

"You're Judge Scoville," he said. "I've gone in front of you before."

"What for?" Scoville asked.

"I don't remember," Gillette said.

Scoville then asked: "How's your pain on a scale of one to 10?"

"About six or seven," Gillette said.

The judge checked a device on Gillette's finger that measures blood oxygen. It was not working. Scoville plugged it in.

Scoville asked Gillette if he was done with his breakfast trays and wanted them taken away. Gillette said not yet. Scoville asked if there was anything else he could do. Not right away, Gillette replied.

"I'll let you rest a little bit," Scoville said. He went on to the next patient.

On June 18, 2001, Scoville rode his newly rebuilt 1976 Harley-Davidson Superglide to get lunch. A few blocks from his Independence courtroom, a driver pulled in front of his Harley, and the motorcycle slammed into the car. Scoville shot over the car and landed by the side of the road.

He broke his pelvis and hip. But far worse was his mangled left foot. The injury was so severe doctors feared they'd have to amputate.

Instead, Scoville stayed a month in hospitals, underwent nine surgeries, spent two months under the care of a home nurse and then completed six months of rehabilitation. The care took Scoville from a bed to crutches, to a cane and finally to walking painfully with a slight limp.

Until then, Scoville spent his free time repairing and rebuilding old motorcycles and lawnmowers. But those weeks in bed prompted him to re-evaluate his future.

"I got to thinking those doctors and nurses gave me back my quality of life," Scoville said. "If not for them, I could be in wheelchair without a foot."

Scoville, 50, is not quitting the bench immediately, but is studying to become a nurse. This year, the former state representative started taking night classes and working every other weekend at North Kansas City Hospital.

Nursing is "feel-good work," he said. It also makes for interesting dinner conversation at the Scoville household in Grain Valley. His 18-year-old daughter, Rebecca, also is taking classes to become a nurse.

"We talk shop all the time," Scoville said.

In his chambers recently, Scoville remembered how the accident almost kept him from taking up nursing. With his injured foot propped on his desk, Scoville showed how the foot does not lift backward, as it should. He can't walk too fast and sometimes stumbles.

"It's pretty funny to watch," he said, "but I haven't fallen on my face yet."

His foot always hurts and always will, Scoville said. But on the hospital wards, "I'm so busy I don't notice it," he said.

Later, in the courtroom, Scoville dispensed with a 1 1/2 -inch stack of probation violator files, mostly for methamphetamine cases.

The first defendant had violated probation again, so many times he's hit "the red line." That's what the judge calls the end of chances. Scoville scheduled a hearing that almost certainly will result in prison time.

A female defendant was there with her mother. The young defendant had failed probation again and faced up to 16 years in prison. Instead, she got one last break.

"I see her again, I incarcerate her," Scoville said. "The only reason you're not going to prison now is because your mom is here advocating for you."

Scoville called the name of another defendant and was told he left 45 minutes ago to smoke a cigarette. "It must be an ultra long," Scoville said. The man did not return and Scoville issued a warrant.

Afterward, Scoville said he does not like sending people to prison, though he has given plenty of sentences. He said he prefers that defendants make it through treatment and probation. He calls them "feel good" situations. He has plenty of those, too.

Gillette, his hospital patient, was one of those feel-good cases. He overcome minor offenses, completed probation and had no further trouble with the law, court records show.

Twice a week, Scoville rushes from work in Independence to 18th Street and Prospect Avenue, where he takes nursing classes at a branch of Penn Valley Community College.

Classes start at 5 p.m. and Scoville sits in the white room for four hours listening to lectures about anatomy and other subjects.

He is the third oldest in the class of 50 that includes a few other men. More than half the women are single mothers, instructor Roger Bidwell said.

It is not unusual for people to enter the profession as a second career, Bidwell said.

One of his students is a retiring postal worker.

Bidwell, 46, said he got his first nursing degree in 1993 after years of teaching music in schools and playing piano in clubs.

Bidwell said he admires the way Scoville shifts from the power of a judge's career to the powerless status of a nursing student. Scoville hopes to have his registered nurse license within six years, when he plans to retire from the bench.

In Scoville's chambers, reminders of his old life hang on a wall - a scarred Harley- Davidson gas tank with a leg brace dangling from it.

As for motorcycles, you might still see Scoville riding his Kawasaki Vulcan, but it would be like sighting a rare bird.

"I bet I haven't put six miles on it since the accident," Scoville said.

No time. No desire. These days he's helping repair and rebuild people.

If you would like to submit your "Making a Difference" story, please submit by email to rhamilto@mail.state.mo.us or by mail to Missouri State Board of Nursing, 3605 Missouri Blvd, PO Box 656, Jefferson City, MO 65102, Attn: Becki Hamilton.

The Shape of Things to Come

Authored by Rosemary Zelazek, RN, BSN
Intensive Care Unit, Western Missouri
Medical Center, Warrensburg, MO

It has been my honor, my pleasure, an experience in nurse-to-nurse congeniality, review of current nursing resources, refreshment of my knowledge base, fine dining, great shopping, and a look into the assessment of the competency of our future LPNs and RNs. Let me tell you about my third experience not only with colleagues from across the United States, but also with the fine professionals who lead and guide the development of the National Council of State Boards of Nursing, Inc., (NCSBN).

Let's temporarily forget the nursing shortage, and take a minute to look beyond "working smarter, not harder", because there's a way-cool change taking place at the National Nursing Board level that's well worth learning about as we groom nursing students now in our daily mentorship roles.

The current nursing board testing system remains an accumulation of rigorously tested and statistically balanced multiple-choice questions for candidates. There are approximately 8,000 PN and 9,000 RN questions available that require current validations, assessment and assurance of entry-level and current practice appropriateness, and are individually viewed and analyzed by a panel of chosen nurses, at the offices of Pearson Testing Services in Chicago, during numerous sessions held each year. Other panels meet throughout the year to develop and write questions.

The session that I most recently attended, January 21-25, 2004, was a review of the Master Pool of questions for LPN candidates. This nursing panel consisted of a pediatric CNP, a Registered Nurse representative of NCS Pearson, an APN NCLEX Panel Associate, a Licensed Practical Nurse, and four other RNs in addition to myself, representing Oregon, California, Arkansas, Massachusetts, Michigan, and Missouri. Not only did we review over 1,600 board questions, we were also able to tour the new NSCBN offices and meet with testing department nursing content staff involved in the development and testing process of the new alternate item format questions. These "alternate item format" questions are being introduced as a different method of assessing the entry-level nurse.

This new type of question differs from the standard multiple-choice items in that there may be multiple responses per question. Some questions require fill-in-the-blank responses such as calculations, and there are assessment questions that ask the candidate to identify an area on a picture or graphic. The item formats, including standard multiple-choice questions, may contain charts, tables, or anatomical images. The goal, of course, is to offer additional ways that may authentically and practically assess entry-level nursing competence.

As with the current multiple-choice board testing format, select nurses nationwide apply for and volunteer their various expertise and time to write these questions. I have appreciated my experience with item reviews for the past three years, and look forward to perhaps meeting the challenge of becoming an Item Writer in the near future.

For a detailed description of the NCSBN's progress to date with alternate item formats, as well as information as to what is required to qualify to serve as a National Council writer, reviewer or judge, visit their Web site at www.ncsbn.org.

BSNs: Grant Funding Assistance to Become a Psych/Mental Health APN

The Workforce Development Board of Western Missouri, Inc. was awarded an H1B grant from the Department of Labor in October 2003. The grant is comprised of four initiatives designed to alleviate the shortage of mental health professions in rural, west central Missouri. Serving as administrator and fiscal agent of the grant is the Workforce Development Board of Sedalia, Missouri. Local partners in the grant include: Royal Oaks Hospital & Clinics, Pathways Community Behavioral Health Services, Inc., MU Behavioral Health Services; and educational institutions: Forest Institute of Professional Psychology, MU School of Medicine, Dept. of Psychiatry, and MU Sinclair School of Nursing.

Initiative number two is designed to provide the required education and clinical training to nurses with a Bachelors of Science in Nursing (BSN) that would permit them to obtain a Master's degree as an Advanced Practice Nursing in Psych/Mental Health.

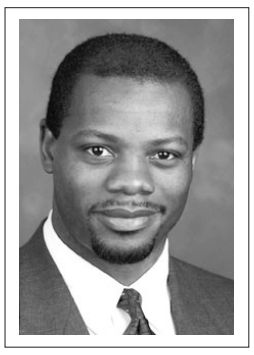
A limited number of nurses with a BSN will be educated to become Psych/Mental Health APNs to work in collaboration with psychiatrists to diagnose and prescribe medication to mental health patients. The UMC Sinclair School of Nursing will provide on-line training for those with a BSN to become eligible to sit for the Psych/Mental Health certification exam and be recognized as an APN in Missouri.

Participants will receive 42-45 online semester credit hours through the UMC Sinclair School of Nursing, as well as 500 hours of supervised clinical practicum. Participants must meet the requirements of Sinclair School of Nursing and successfully be chosen from application and interview process relative to the grant.

The funds from the H1B grant and the matching contributions from the partners will defray the tuition fees of the selected applicants from the thirteen counties. BSNs from the following counties are eligible to apply: Pettis, Saline, St. Clair, Vernon, Bates, Chariton, Carroll, Lafayette, Johnson, Henry, Benton, Hickory, and Cedar. If you are in these counties and currently have your BSN and are interested in obtaining a Master's degree through this grant, please notify Molly Bradley, H1B Grant Coordinator, at the Workforce Development Office by phone at 1-888-448-3722, or by email at wdbmb@iland.net.

Investigations Corner

Authored by Quinn Lewis
Investigations, Administrator


Lewis

Speeding up the Process

In the last article, we addressed changes made in the Board's investigative process. I would like to inform you that the Board continues to strive to improve its service to the public and its licensees. The Board's investigative process is better, but we still have room for improvement. A major goal for investigations this year is to continue reducing the age of complaints. Old complaints are a major concern of the Board. A few of those concerns are as follows.

Although the Board has the ability to request an emergency suspension, this is only done in the most extreme cases. The majority of cases are handled in the traditional way. Meaning, the complaint is assigned to an investigator. The investigation is completed and returned to the Board. The complaint then goes before the discipline committee for review. During this process, the licensee can continue to practice.

The majority of complaints we receive originate after an employer terminates a licensee. After termination licensees tend to move on to another employer. As the complaint gets older, licensees and witnesses become harder to find. This hinders the investigator and causes the investigation to drag on without much progress. When witnesses and licensees are finally located their memories are not fresh, therefore the information may lack credibility.

Old complaints place an enormous amount of stress on the licensee. This stress can affect a licensee's ability to resume their normal lives and gain employment. The majority of complaints we receive are made in good faith. Unfortunately, we receive some that are not made in good faith. In the past, it has taken up to a year or two before licensees would have the opportunity to respond to these types of complaints. Speeding up the process will allow a licensee who has been the target of a vindictive or retaliatory complaint the opportunity to reach a quick resolution to a complaint.

The Board realizes there are probably more concerns about old complaints, but those are just a few that come to mind. The ultimate goal for investigations is to complete an investigation within ninety days after receipt by the investigator. This would be a huge accomplishment. This will take some work, but with your help, we are confident it can happen. Licensees can help speed up the process tremendously by complying with the following requests:

First of all, it is very important that the licensee's address and phone number are current with the Board. A licensee's contact information is very important because an investigation starts with a letter of notification to the licensee. During a field investigation, an investigator will contact the licensee by phone to schedule an interview. Without current information, these contacts cannot be made.

Board letters will request that a licensee respond to the allegations within 15 days after receipt. If the licensee adheres to the deadline, this will enable the investigator to complete that investigation within the target date of ninety days. Avoiding contact with the Board only prolongs the investigation. Also, when a licensee sends a letter of response to the Board, please address the allegations first. The Board allows a licensee the opportunity to tell their side of the story, but please address the issues pertaining to the allegations. After the licensee addresses the allegations, he/she can provide the Board with additional information.

In the past, licensees have submitted responses that consisted of numerous pages. The bulk of the response is information of a personal nature and the allegation is not adequately addressed. Also, the licensee's response must be signed. The licensee's response is of no use without a signature. When this occurs, the investigator must re-contact the licensee and request another statement. If licensees will assist us with the items mentioned above, this would speed up the process and enable the Board to do a better job of protecting the public and serving its licensees.

WHEN SMOKERS QUIT

Within 20 minutes of smoking that last cigarette, the body begins a series of changes that continues for years.

20 MINUTES
- Blood pressure drops to normal
- Pulse rate drops to normal
- Body temperature of hands and feet increases to normal

8 HOURS
- Carbon monoxide level in blood drops to normal
- Oxygen level in blood increases to normal

24 HOURS
- Chance of heart attack decreases

48 HOURS
- Nerve endings start regrowing
- Ability to smell and taste is enhanced

2 WEEKS to 3 MONTHS
- Circulation improves
- Walking becomes easier
- Lung function increases up to 30 percent

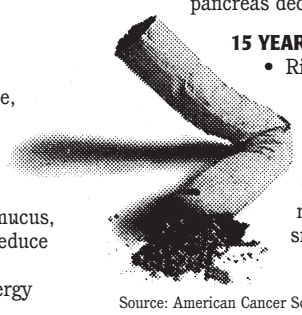
1 to 9 MONTHS
- Coughing, sinus congestion, fatigue, shortness of breath decrease
- Cilia regrow in lungs, increasing ability to handle mucus, clean the lungs, reduce infection
- Body's overall energy increases

1 YEAR
- Excess risk of coronary heart disease is half that of a smoker

5 YEARS
- Lung cancer death rate for average former smoker (one pack a day) decreases by almost half
- Stroke risk is reduced to that of a nonsmoker 5-15 years after quitting
- Risk of cancer of the mouth, throat and esophagus is half that of a smoker's

10 YEARS
- Lung cancer death rate similar to that of nonsmokers
- Precancerous cells are replaced
- Risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas decreases

15 YEARS
- Risk of coronary heart disease is that of a nonsmoker



Source: American Cancer Society; Centers for Disease Control and Prevention

Summary of Actions - *March 2004 Board Meeting*

Administrative Matters
- Approved Enabling Language for the Nurse Licensure Compact bill.
- Approved participation in NCSBN's Regulatory Oversight Chemical Dependency Nurses Study.

Education Matters

Student Enrollment Increases
- *Waynesville Technical Academy, PN Program,* #17-165 – Request to increase student enrollment from 30 to 36 students was approved.
- *Southwest Missouri State University/West Plains, ADN Program,* #17-400 – Request to increase student enrollment from 35 to 45 was approved.

Curriculum Changes
- *Southwest Missouri State University/West Plains, ADN Program,* #17-400 – Request for curriculum changes was approved.

Proposals for New Programs/Tracks
- *Texas County Technical* – proposal for ADN Bridge program in Houston, MO was accepted.
- *Columbia College* – proposal for dual track ADN Program (Generic & LPN to ADN Bridge) at Columbia College, Lake Ozark campus was accepted.
- *Jefferson College Bi-Level Program, PN Program,* #17-174 – Request to add an evening/weekend track to existing PN program was approved.

The following items were reviewed and accepted:
- PN Programs Annual Reports – 38
- Five-Year Site Visit - 1

Discipline Matters
- The Board held 4 disciplinary hearings and 7 violation hearings.
- The Discipline Committee reviewed 84 RN cases, 58 PN cases, 11 litigation items and 25 disciplined licensee-meeting reports.

Licensure Matters
- The Licensure Committee reviewed 13 applications. Results of reviews as follows:
- Applications approved – 4
- Applications approved with probated licenses – 3
- Applications denied – 4
- Request for test accommodations – 2

Practice Matters
- Agreed to request that the Collaborative Practice Task Force reconvene to discuss the geographic restriction in the collaborative practice rule.
- Issued a scope of practice statement on RN administration of Propofol.
- Clarified statements regarding delegating injections.

Education Corner

by Marilyn K. Nelson, RN, MA
Education Administrator

Nelson

Missouri State Board of Nursing Education Committee Members:

- Teri A. Murray, Ph.D., RN, Chair
- Linda Conner, BSN, RN
- Cynthia Suter, JD, Public Member
- Janet Vanderpool, MSN, RN

Minimum Standards Task Force

A task force has been assembled to revise the Minimum Standards for Approved Programs of Professional and Practical Nursing in Missouri. The members represent all levels of nursing education leading to an initial license – practical nursing, LPN to RN bridge, diploma, associate and baccalaureate degree programs. The task force held its first meeting January 15, 2004 and so far is meeting on a monthly basis. The task force is chaired by Teri Murray, Ph.D., RN, Board Member and Chair of the Board's Education Committee. Teri is the Director of the undergraduate nursing program, Barnes College of Nursing at the University of Missouri, St. Louis. Another Board Member, Janet Vanderpool, MSN, RN, Associate Dean of Allied Health, North Central Missouri College in Trenton also serves on the task force. Janet has responsibility for associate degree and practical nursing programs. Other task force members are:

- Deborah Barger, MSN, RN – Faculty Member, Moberly Area Community College, Practical Nursing Program, Moberly
- Elizabeth Buck, Ph.D., RN – Academic Dean, Jewish Hospital College of Nursing and Allied Health, St. Louis
- Regina Cundall, MSN, RN – Director, Lutheran School of Nursing,– Diploma Program, St. Louis
- Susan Fetsch, Ph.D., RN – Chairperson, Avila University, Baccalaureate Degree Nursing Program, Kansas City
- Donna Jones, MSN, RN – Director, Southwest Missouri State University, Associate Degree Nursing Program, West Plains
- Virginia Mayeaux, MSN, RN – Director, St. John's School of Nursing at Southwest Baptist University, Associate Degree Nursing Program, Springfield
- Patricia Porterfield, MSN, RN – Dean Allied Health, St. Charles Community College, St. Peters. Pat has oversight responsibility for associate degree and practical nursing programs and is a former member of the Board of Nursing
- Julia Ann Raithel, Ph.D., RN – Coordinator, Deaconess College of Nursing, Baccalaureate in Nursing Program, St. Louis. Ann has been instrumental in developing the on-line programs for associate degree and practical nursing at Deaconess

These members represent programs of varying sizes and locations – some urban and others more rural. They also represent different nursing education organizations within the state. For example, Elizabeth Buck and Susan Fetsch share the representation of the Missouri Association of Colleges of Nursing (MACN). Currently, the task force is reviewing all of the standards and making suggestions for change and identifying items for which more information/consideration is needed. After the initial review, individual members or small groups will work on the actual rewording of a portion of the rules and bring it back for deliberation by the entire task force. The completed work of the Task Force is presented to the Board of Nursing for approval and then the proposed changes are submitted to the Division of Professional Registration of the Department of Economic Development for review. Upon further review by the appropriate governmental bodies, the proposed rule changes are published in the Missouri Register for public comment before being finalized. Interested parties are encouraged to contact any member of the task force or the Board of Nursing office regarding concerns/suggestions that they may have for possible revisions. The meetings of the task force are open to the public.

NCLEX-RN® Revised Test Plan and Passing Standard

The National Council of State Boards of Nursing (NCSBN) voted at its December 2003 meeting to raise the passing standard for the NCLEX-RN® examination. The new passing standard takes effect on April 1, 2004 in conjunction with the new 2004 NCLEX- RN® Test Plan. The NCSBN has made the changes in response to a review of current health care delivery and nursing practices which indicate that an increase in the patient/client acuity level is seen by entry level RNs. The NCSBN Board of Directors determined that safe and effective entry-level RN practice requires a greater level of knowledge, skills, and abilities than in 1998, when the passing standard was last revised.

The revised test plan also reflects the changes in health care delivery and nursing practices. The test plan is evaluated every three years after a practice analysis is performed. Per the NCSBN the practice analysis, which included over 4,000 newly licensed registered nurses, surveyed employment settings as well as the frequency and type of nursing care activities performed. The major changes in the test plan include an increase in the content related to management of care and pharmacology and a decrease in the categories of psychosocial integrity and the promotion of wellness. Following is the percentage of test questions for the Client Need Categories/Subcategories for the new test plan.

A.	Safe, effective care environment	
	Management of care	13-19%
	Safety and infection control	8-14%
B.	Health promotion and maintenance	6-12%
C.	Psychosocial integrity	6-12%
D.	Physiological integrity	
	Basic care and comfort	6-12%
	Pharmacological and parental therapies	13-19%
	Reduction of risk potential	13-19%
	Physiological adaptation	11-17%

The test plan is available free of charge electronically for download via the NCSBN Web site, www.ncsbn.org.

Distance Learning Advertisements

The Board of Nursing receives frequent calls from people with questions regarding advertisements in publications or flyers received via mail regarding on-line means to earn a nursing certificate/degree at home. The majority of these advertisements are from publishing companies, which do not award the certificate/degree. These companies offer informational and support services to assist the potential student in obtaining the certificate/degree from recognized nursing education programs. The consumer needs to determine the name of the education institution/entity that actually awards the certificate/degree. Then the consumer should compare the type and cost of support services provided by the educational institution/entity with that provided by the publishing company in order to make an informed decision as to which best suits individual needs. Just as when reviewing other types of offers, the consumer should be wary of giving information regarding credit card or bank account numbers to anyone prior to knowing exactly what is involved and the product/service to be purchased.

Practice Corner

Authored by Lori Scheidt
Executive Director


Scheidt

Missouri State Board of Nursing Practice Committee Members:

Janet Vanderpool, MSN, RN, *Chair*
David Barrow, LPN
Linda Conner, BSN, RN
Robin Vogt, PhD, RN, FNP-C

March 2004 Board Decisions

Is it within the scope of practice of a RN to administer and/or monitor Propofol?

The Board reviewed a request for an opinion on whether a RN may administer and/or monitor Propofol. The Board made the decision that a RN with verifiable knowledge, judgment, skills, and abilities may administer and/or monitor Propofol in the ICU setting on adult patients that are intubated and mechanically ventilated or for rapid sequence intubation, if the same is allowed by institutional policy.

Board's position on RNs rupturing membranes under orders of an obstetrician

The Board reviewed a request for an opinion on RNs rupturing membranes under orders of an obstetrician.

The Board made the decision that artificial rupture of membranes is not within the scope of practice of a RN but it does not preclude artificial rupture of a membrane by an APRN if that authority is delegated in the collaborative practice agreement between the APRN and the physician and it is consistent with each professional's skill, training, education and competence.

APRNs Delegating Injections

The Board reviewed two past decisions (June 2000 and December 2000) regarding APRNs delegating injections to unlicensed assistive personnel (UAP). The Board made the decision to issue the following statement to clarify their opinion on this issue.

Section 335.010(10) and (11), read together, defines the scope of practice of a registered professional nurse ("RN") to include the administration of medications and treatments as prescribed by a person licensed to prescribe such medications and treatments. 4 CSR 200-4.100(5) defines the scope of practice of an advanced practice nurse ("APRN") to include those acts that are within the APRN's professional scope and standards of their advanced practice nursing specialty and consistent with their formal advanced practice nursing education and national certification or within their education, training and competence as a RN. Hence, both RNs and APRNs are expressly authorized by statute to administer medications.

Section 334.104, Cum.Supp. 2002, expressly allows a physician to delegate to a RN and/or an APRN the authority to administer or dispense drugs and provide treatment. Although further delegation by an APRN to a RN or licensed practical nurse is best handled through a collaborative practice arrangement, nothing prohibits such delegation as long as the delegated act is within the nurse's skill, training and competence. In addition, nothing prohibits a physician from delegating certain acts, such as injections, directly to unlicensed assistive personnel.

One Calendar Month Requirement

The Board reviewed correspondence from an APRN that indicated she received legal advice that the requirement in 4 CSR 200-4.200 (2) is discretionary. The rule indicates that the APRN and collaborating physician shall practice at the same location for a period of at least one calendar month before the APRN practices at a location where the physician is not present.

The Board responded that the rule is not discretionary.

APRN Application Revised

The application for Advanced Practice Registered Nurse recognition has been revised and is available at pr.mo.gov/nursing.asp. The revised application is shorter and hopefully easier to complete.

APN RECOGNITION SUMMARY
STATE OF MISSOURI
04/01/2004*

CLINICAL NURSE SPECIALISTS	**452****
• Pediatric	027
• Perinatal	005
• Gerontological	032
• Community Health	006
• Maternal Child	005
• Advanced Oncology	025
• Medical-Surgical	174
• Adult Psychiatric/Mental Health	144
• Child-Adolescent Psychiatric/Mental Health	029
• Advanced Diabetes Management	002
• Adult Acute & Critical Care	004
NURSE ANESTHETISTS	**1348****
NURSE MIDWIVES	**095****
NURSE PRACTITIONERS	**2689****
• Adult	416
• Advanced Oncology	002
• Family	1381
• School	0
• Neonatal	127
• Acute Care	044
• Pediatric	351
• Gerontological	094
• Family Psychiatric/Mental Health	004
• Women's Health	257
• Adult Psychiatric/Mental Health	013
• Psychiatric Mental Health	002
TOTAL NUMBER OF RECOGNITIONS	**4585**

NOTE: Earliest recognition date was September 1996

* Numbers of recognitions change monthly.

**Actual number of recognitions may be less: (a) if continued recognition requirements have not been met before 'Document of Recognition' expiration date, or (b) due to individuals being recognized in more than one specialty area and/or role.

Registered Nurse VI - Practice Administrator

Missouri Department of Economic Development
An Equal Opportunity Employer

CAREER OPPORTUNITY

Professional Registration – State Board of Nursing, Jefferson City

PAY RANGE: A30 $40,476 - $42,384

Responsibilities:

- Responds to inquiries about practice.
- Coordinates and administers research studies/activities.
- Monitors trends and issues that impact nursing practice.
- Drafts initial or revises practice-related position statements for review by the Board.
- Plans agenda, coordinates meetings, and staffs Board's Practice Committee.
- Approves advanced practice registered nurse applications pursuant to statutes, rules and policies.
- Educates nurses and public about issues involving nursing practice.
- Reviews proposed legislation.

Qualifications:

- Three years of professional nursing experience and possession of a Master's Degree in Nursing from an accredited college or university.

OR

- Four years of professional nursing experience and graduation from an accredited four-year college or university with a Bachelor's Degree in Nursing.

OR

- One year of experience as a Registered Nurse V under the State of Missouri's Uniform Classification and Pay System.
- Must have a current license to practice as a Registered Nurse in the State of Missouri at the time of appointment.

For a complete job description go to http://www.ded.mo.gov/cgi-bin/dedjobs.pl and select "Registered Nurse VI"

Send cover letter and resume to:

Missouri State Board of Nursing
Attn: Lori Scheidt
P.O. Box 656
Jefferson City, MO 65102
Fax: (573) 751-0075
EOE:F/M/V/D
Position open until filled

JCAHO "Do Not Use" List

JCAHO "Do Not Use" List
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The first National Patient Safety Goals were approved by the Joint Commission's Board of Commissioners in July 2002. JCAHO established these goals to help accredited organizations address specific areas of concern in regards to patient safety. Each goal includes no more than two succinct, evidence- or expert-based recommendations. Each year, the goals and associated recommendations are re-evaluated; some may continue while others will be replaced because of emerging new priorities. New goals and recommendations are announced in July and become effective on January 1 of the following year.

One of the goals effective Jan. 1, 2004 was to "Improve the effectiveness of communication among caregivers", with the recommendation to "standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use."

A "minimum list" of dangerous abbreviations, acronyms, and symbols has been approved by JCAHO. Beginning January 1, 2004, the following items must be included on each accredited organization's "Do not use" list:

Set	Item	Abbreviation	Potential Problem	Preferred Term
1	1	U (for unit)	Mistaken as zero, four or cc.	Write "unit"
2	2	IU (for international unit)	Mistaken as IV (intravenous) or 10 (ten).	Write "international unit"
3	3 4	Q.D., Q.O.D. (Latin abbreviation for once daily and every other day)	Mistaken for each other. The period after the Q can be mistaken for an "I" and the "O" can be mistaken for "I".	Write "daily" and "every other day"
4	5 6	Trailing zero (X.0 mg) *[Note: Prohibited only for medication-related notations];* Lack of leading zero (.X mg)	Decimal point is missed.	Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)
5	7 8 9	MS MSO4 MgSO4	Confused for one another. Can mean morphine sulfate or magnesium sulfate.	Write "morphine sulfate" or "magnesium sulfate"

Effective April 1, 2004 (if your organization does not already have additional "do not use" items in place), each organization must identify and apply at least another three "do not use" abbreviations, acronyms, or symbols of its own choosing. **[Revised 11/3/03]**

In addition to the "minimum required list" provided above, the following items should also be considered when expanding the "Do not use" list to include the additional three or more items referenced in the preceding FAQ:

mg (for microgram)	Mistaken for mg (milligrams) resulting in one thousand-fold dosing overdose.	Write "mcg"
H.S. (for half-strength or Latin abbreviation for bedtime)	Mistaken for either half-strength or hour of sleep (at bedtime). q.H.S. mistaken for every hour. All can result in a dosing error.	Write out "half-strength" or "at bedtime"
T.I.W. (for three times a week)	Mistaken for three times a day or twice weekly resulting in an overdose.	Write "3 times weekly" or "three times weekly"
S.C. or S.Q. (for subcutaneous)	Mistaken as SL for sublingual, or "5 every."	Write "Sub-Q," "subQ," or "subcutaneously"
D/C (for discharge)	Interpreted as discontinue whatever medications follow (typically discharge meds).	Write "discharge"
c.c. (for cubic centimeter)	Mistaken for U (units) when poorly written.	Write "ml" for milliliters
A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears)	Mistaken for OS, OD, and OU, etc.).	Write: "left ear," "right ear" or "both ears"

Also, the Institute for Safe Medication Practices (ISMP) has published a list of dangerous abbreviations relating to medication use that it recommends should be explicitly prohibited. This list is available on its Web site: http://www.ismp.org/. [Revised 11/3/03)] and is reprinted with permission from ISMP below. ISMP also publishes a free newsletter for nurses available at http://www.ismp.org/nursingarticles/.

ISMP List of Error-Prone Abbreviations, Symbols, and Dose Designations

It's been over 2 years since we published a list of abbreviations, symbols, and dose designations that have contributed to medication errors. Now, with the 2004 JCAHO National Patient Safety Goals calling for organizational compliance with a list of prohibited "dangerous" abbreviations, acronyms and symbols, we thought an updated list would be useful. Since JCAHO has specified that certain abbreviations must appear on the organization's list, we've highlighted these items with a double asterisk (**). Also, effective April 1, 2004, each organization must include at least three additional items on their list. However, we hope that you will consider others beyond the minimum JCAHO requirement. Selections can be made from the attached list. These items should be considered for handwritten, preprinted, and electronic forms of communication.

Abbreviations	Intended Meaning	Misinterpretation	Correction
µg	Microgram	Mistaken as "mg"	Use "mcg"
AD, AS, AU	Right ear, left ear, each ear	Mistaken as OD, OS, OU (right eye, left eye, each eye)	Use "right ear," "left ear," or "each ear"
OD, OS, OU	Right eye, left eye, each eye	Mistaken as AD, AS, AU (right ear, left ear, each ear)	Use "right eye," "left eye," or "each eye"
BT	Bedtime	Mistaken as "BID" (twice daily)	Use "bedtime"
cc	Cubic centimeters	Mistaken as "u" (units)	Use "mL"
D/C	Discharge or discontinue	Premature discontinuation of medications if D/C (intended to mean "discharge") has been misinterpreted as "discontinued" when followed by a list of discharge medications	Use "discharge" and "discontinue"
IJ	Injection	Mistaken as "IV" or "intrajugular"	Use "injection"
IN	Intranasal	Mistaken as "IM" or "IV"	Use "intranasal" or "NAS"
HS hs	Half-strength At bedtime, hours of sleep	Mistaken as bedtime Mistaken as half-strength	Use "half-strength" or "bedtime"
IU**	International unit	Mistaken as IV (intravenous) or 10 (ten)	Use "units"
o.d. or OD	Once daily	Mistaken as "right eye" (OD-oculus dexter), leading to oral liquid medications administered in the eye	Use "daily"
OJ	Orange juice	Mistaken as OD or OS (right or left eye); drugs meant to be diluted in orange juice may be given in the eye	Use "orange juice"
Per os	By mouth, orally	The "os" can be mistaken as "left eye" (OS-oculus sinister)	Use "PO," "by mouth," or "orally"
q.d. or QD**	Every day	Mistaken as q.i.d., especially if the period after the "q" or the tail of the "q" is misunderstood as an "i"	Use "daily"
qhs	Nightly at bedtime	Mistaken as "qhr" or every hour	Use "nightly"
qn	Nightly or at bedtime	Mistaken as "qh" (every hour)	Use "nightly" or "at bedtime"
q.o.d. or QOD**	Every other day	Mistaken as "q.d." (daily) or "q.i.d. (four times daily) if the "o" is poorly written	Use "every other day"
q1d	Daily	Mistaken as q.i.d. (four times daily)	Use "daily"
q6PM, etc.	Every evening at 6 PM	Mistaken as every 6 hours	Use "6 PM nightly" or "6 PM daily"
SC, SQ, sub q	Subcutaneous	SC mistaken as SL (sublingual); SQ mistaken as "5 every;" the "q" in "sub q" has been mistaken as "every" (e.g., a heparin dose ordered "sub q 2 hours before surgery" misunderstood as every 2 hours before surgery)	Use "subcut" or "subcutaneously"
ss	Sliding scale (insulin) or ½ (apothecary)	Mistaken as "55"	Spell out "sliding scale;" use "one-half" or "½"
SSRI SSI	Sliding scale regular insulin Sliding scale insulin	Mistaken as selective-serotonin reuptake inhibitor Mistaken as Strong Solution of Iodine (Lugol's)	Spell out "sliding scale (insulin)"
i/d	One daily	Mistaken as "tid"	Use "1 daily"
TIW or tiw	3 times a week	Mistaken as "3 times a day" or "twice in a week"	Use "3 times weekly"
U or u**	Unit	Mistaken as the number 0 or 4, causing a 10-fold overdose or greater (e.g., 4U seen as "40" or 4u seen as "44"); mistaken as "cc" so dose given in volume instead of units (e.g., 4u seen as 4cc)	Use "unit"
Dose Designations and Other Information	**Intended Meaning**	**Misinterpretation**	**Correction**
Trailing zero after decimal point (e.g., 1.0 mg)**	1 mg	Mistaken as 10 mg if the decimal point is not seen	Do not use trailing zeros for doses expressed in whole numbers
No leading zero before a decimal dose (e.g., .5 mg)**	0.5 mg	Mistaken as 5 mg if the decimal point is not seen	Use zero before a decimal point when the dose is less than a whole unit

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Dose Designations and Other Information	Intended Meaning	Misinterpretation	Correction
Drug name and dose run together (especially problematic for drug names that end in "L" such as Inderal40 mg; Tegretol300 mg)	Inderal 40 mg Tegretol 300 mg	Mistaken as Inderal 140 mg Mistaken as Tegretol 1300 mg	Place adequate space between the drug name, dose, and unit of measure
Numerical dose and unit of measure run together (e.g., 10mg, 100mL)	10 mg 100 mL	The "m" is sometimes mistaken as a zero or two zeros, risking a 10- to 100-fold overdose	Place adequate space between the dose and unit of measure
Abbreviations such as mg. or mL. with a period following the abbreviation	mg mL	The period is unnecessary and could be mistaken as the number 1 if written poorly	Use mg, mL, etc. without a terminal period
Large doses without properly placed commas (e.g., 100000 units; 1000000 units)	100,000 units 1,000,000 units	100000 has been mistaken as 10,000 or 1,000,000; 1000000 has been mistaken as 100,000	Use commas for dosing units at or above 1,000, or use words such as 100 "thousand" or 1 "million" to improve readability
Drug Name Abbreviations	**Intended Meaning**	**Misinterpretation**	**Correction**
ARA A	vidarabine	Mistaken as cytarabine (ARA C)	Use complete drug name
AZT	zidovudine (Retrovir)	Mistaken as azathioprine or aztreonam	Use complete drug name
CPZ	Compazine (prochlorperazine)	Mistaken as chlorpromazine	Use complete drug name
DPT	Demerol-Phenergan-Thorazine	Mistaken as diphtheria-pertussis-tetanus (vaccine)	Use complete drug name
DTO	Diluted tincture of opium, or deodorized tincture of opium (Paregoric)	Mistaken as tincture of opium	Use complete drug name
HCl	hydrochloric acid or hydrochloride	Mistaken as potassium chloride (The "H" is misinterpreted as "K")	Use complete drug name unless expressed as a salt of a drug
HCT	hydrocortisone	Mistaken as hydrochlorothiazide	Use complete drug name
HCTZ	hydrochlorothiazide	Mistaken as hydrocortisone (seen as HCT250 mg)	Use complete drug name
MgSO4**	magnesium sulfate	Mistaken as morphine sulfate	Use complete drug name
MS, MSO4**	morphine sulfate	Mistaken as magnesium sulfate	Use complete drug name
MTX	methotrexate	Mistaken as mitoxantrone	Use complete drug name
PCA	procainamide	Mistaken as Patient Controlled Analgesia	Use complete drug name
PTU	propylthiouracil	Mistaken as mercaptopurine	Use complete drug name
T3	Tylenol with codeine No. 3	Mistaken as liothyronine	Use complete drug name
TAC	triamcinolone	Mistaken as tetracaine, Adrenalin, cocaine	Use complete drug name
TNK	TNKase	Mistaken as "TPA"	Use complete drug name
ZnSO4	zinc sulfate	Mistaken as morphine sulfate	Use complete drug name
Stemmed Drug Names	**Intended Meaning**	**Misinterpretation**	**Correction**
"Nitro" drip	nitroglycerin infusion	Mistaken as sodium nitroprusside infusion	Use complete drug name
"Norflox"	norfloxacin	Mistaken as Norflex	Use complete drug name
"IV Vanc"	intravenous vancomycin	Mistaken as Invanz	Use complete drug name
Symbols	**Intended Meaning**	**Misinterpretation**	**Correction**
℥ ♏	Dram Minim	Symbol for dram mistaken as "3" Symbol for minim mistaken as "mL"	Use the metric system
x3d	For three days	Mistaken as "3 doses"	Use "for three days"
> and <	Greater than and less than	Mistaken as opposite of intended; mistakenly use incorrect symbol; "< 10" mistaken as "40"	Use "greater than" or "less than"
/ (slash mark)	Separates two doses or indicates "per"	Mistaken as the number 1 (e.g., "25 units/10 units" misread as "25 units and 110" units)	Use "per" rather than a slash mark to separate doses
@	At	Mistaken as "2"	Use "at"
&	And	Mistaken as "2"	Use "and"
+	Plus or and	Mistaken as "4"	Use "and"
°	Hour	Mistaken as a zero (e.g., q2° seen as q 20)	Use "hr," "h," or "hour"

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** Identified abbreviations above are also included on the JCAHO's "minimum list" of dangerous abbreviations, acronyms and symbols that must be included on an organization's "Do Not Use" list, effective January 1, 2004. An updated list of frequently asked questions about this JCAHO requirement can be found on their website at www.jcaho.org.

ISMP Medication**Safety**Alert!®

Discipline Corner

Authored by Liz Cardwell, RN, ME.D.
Discipline Administrator

Missouri State Board of Nursing Discipline Committee Members:

Charlotte York, LPN, Chair
David Barrow, LPN
Linda Conner, BSN, RN
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Cardwell

Be a "RAP" Nurse

Responsible, Accountable, and Proactive

I have noted that often there are similar circumstances that surround and/or contribute to the critical event that results in the eventual discipline of a nursing license. The ability to identify negative or potentially negative areas in ourselves is not an easy task. Recognizing potentially destructive behavior patterns in our professional and even personal life can be difficult. The difficulty may be due to an unconscious inability to recognize what's happening in ourselves and the chaotic atmosphere around us. On the other hand, the difficulty may be that certain behavior patterns may be so ingrained that we continue with them, minimizing their significance and rationalizing why we behave in a certain manner. By considering some of the predominant reoccurring themes that I have listed below, hopefully you can avert potential situations that may lead to discipline.

Stress

Disciplined licensees routinely identify stress as playing a role in the events leading up to the occurrence of the critical event. How each of us perceives what is stressful in our lives is individualized and impacted by many intrinsic and extrinsic factors. One event experienced by two individuals will be perceived, processed and reacted to differently. It is imperative that you identify situations, current or past, positive or negative, that unresolved, lead to actions that you thought you would never be a participant in or a party to.

Unresolved areas of stress are stored in us like air in a balloon, without relief, the balloon bursts. These "bursts" can take form in various ways: abuse of a patient, walking off the job without proper notification, overlooking the renewal of your nursing license, self-medicating with controlled substances, making nursing care errors or experiencing difficulty focusing on patient care responsibilities.

Ask yourself, what are my areas of stress? How can I deal with them? After you answer these questions – be proactive and address the issues.

Assumptions

Making assumptions is often seen as a behavior in the pre-discipline occurrence. We all have heard what assumptions do to you and me but the ramifications are more extensive, perhaps deadly, when assumptions are made in providing nursing care. Actions based on faulty reasoning (an assumption) in healthcare are a disaster waiting to happen. Thoughts and actions based on fact allow you to safely minister to a vulnerable population – your patients. Ask yourself if you have experienced instances based on an assumption that you have made such as: administering a medication prepared by a colleague, co-signed a colleague's request to indicate the waste of a controlled substance without actually observing the event, or utilized a vial which is labeled with a label similar to another medication without actually reading the name on the vial. Additionally, when you surmise that giving a proper separation notice is really not all that important, or you don't renew your nursing license promptly, you have taken important but erroneous steps based on assumptions.

Ask yourself, where and when do I make assumptions? After you answer this question – be proactive and address the assumptions.

Poor self-care

Disciplined licensees, may, prior to the critical event, have demonstrated a lack of addressing their mental and/or physical health needs. As caretakers of others, we frequently neglect ourselves by trying to be Super Nurse, Super Parent and Super whatever other role we have. Nurses sometimes believe that caring for themselves is not a priority. However, it is in your best interest and the interest of all those whose lives you touch to take an inventory of your state of mind and body. When physical and mental health becomes compromised, the following behaviors may result: consuming prescribed medications that interfere with your ability to function at work, falling asleep at the desk from fatigue, forgetting to document in a patient's medical record and/or a general inability to focus.

One of the most important areas of poor self-care involves the misuse and/or abuse of controlled substances, alcohol or illegal drugs, which clearly demonstrates poor self-care, even to the degree of having the disease of chemical dependency. The following situations are red flags in your use of chemicals: using a pain medication and then continuing to request a prescription renewal after the pain is gone or can be alleviated by non-prescription medications; having a positive family history for addiction but continue to drink alcohol in excess and/or use controlled substances; self medicating with chemicals to deal with feelings of depression, anxiety and/or anger, or placing yourself in social situations where illegal drugs are available. Ask yourself if any of these behaviors apply, if they do, ask for help from a qualified provider who can assist you in coping with these situations.

My hope is that you will develop a heightened awareness of these situations and be able to identify particular circumstances and/or behaviors in and around yourself and in your practice. By identifying these circumstances, you can begin to develop the necessary tools to address these issues. You will have become pro-active in averting a potentially negative outcome for patients, colleagues, employers and yourself.

The disciplinary experience is an event that teaches in an indelible manner that:

- hindsight is twenty-twenty
- not listening to a gut instinct may have far reaching ramifications
- the disease of chemical dependency must be dealt with in a daily recovery program
- providing safe, appropriate patient care cannot be taken lightly

Licensure Corner

Authored by Kathy Tucker
Licensing Supervisor

Missouri State Board of Nursing Licensure Committee Members:

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Robin Vogt, Ph.D., RN, FNP-C
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Tucker

REPEAT EXAMINATION POLICY

The Board has chosen to accept the National Council of State Boards of Nursing's new policy of reducing the minimum interval of days between repeat NCLEX examinations from 90 to 45 days. Effective January 1, 2004 a candidate who has applied with the Board will be permitted to take the NCLEX Examination eight times a year, but no more than once in any 45-day period.

LPN RENEWAL

The time for renewal of License Practical Nurse (LPN) licenses has arrived! LPN Renewals are due May 31, 2004. Renewal Notices were mailed March 1, 2004. To ensure receipt of your renewal notice and avoid delays in processing your license, please notify the Board of any name and/or address changes immediately (see form located on page 26).

When completing your renewal notice, please verify that the following are completed and correct:

- Name
- Address
- Social Security Number
- Date of Birth
- Your signature and the date completed are in the appropriate places
- **All** questions have either been answered yes or no (If they do not apply, please check no)

Be sure to include the correct fee when mailing your renewal form. If your LPN renewal form is not completed properly, it will be rejected and returned to you for correction(s). As a result, receipt of your renewed license may be delayed. If your renewal is rejected, you may make the appropriate correction(s) and fax it to us at 573-751-6745 or 573-751-0075. If a fee is required due to no fee or incorrect fee, you must return the rejected renewal notice with the appropriate fee. Your license may lapse if your corrected renewal form is not returned to us before your license expires. In order to reinstate your license once it has lapsed, you will need to complete a "LPN Petition to Renew" form and pay a penalty fee of $50 plus the renewal fee. If you continue to work with a lapsed license, "Stop Working Statements" will be required from you and your employer and your license will be referred for possible disciplinary action.

"YES, OUR PHONES ARE WORKING"

Is a phrase often repeated during our renewal periods. We have approximately 22,400 LPNs currently licensed in Missouri. During the renewal period our phone lines do become very busy and you may experience some difficulty contacting us. We anticipate a high volume of phone calls from February through June 2004. Our main office number is 573-751-0681. Be sure to have your license number available so our Staff may assist you in a quick and proficient manner. Other options for contacting the Board with questions, name and/or address changes are by email or fax. Please submit by email to nursing@mail.state.mo.us or by fax to 573-751-6745 or 0075.

LICENSE RENEWAL FOR DEPLOYED MILITARY PERSONNEL

State statute 41.950 states:

"1. Any resident of this state who is a member of the national guard or of any reserve component of the armed forces of the United States or who is a member of the United States Army, the United States Navy, the United States Air Force, the United States Marine Corps, the United States Coast Guard or an officer of the United States Public Health Service detailed by proper authority for duty with any branch of the United States armed forces described in this section and who is engaged in the performance of active duty in the military service of the United States in a military conflict in which reserve components have been called to active duty under the authority of 10 U.S.C. 672(d) or 10 U.S.C. 673b or any such subsequent call or order by the President or Congress for any period of thirty days or more shall be relieved from certain provisions of state law, as follows:

(4) Any person enrolled by the supreme court of Missouri or licensed, registered or certified under chapter 168, 256, 289, 317, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 375, 640 or 644, RSMo, whose license, registration or certification expires while performing such military service, may renew such license, registration or certification within sixty days of completing such military service without penalty;"

A nurse is licensed under chapter 335. If a nurse does not renew his/her license due to deployment, the nurse may renew his/her license without penalty if the license is renewed within sixty days of completing military service. When the nurse returns from military service, we ask that the nurse provide evidence of their service (including dates) for verification that they meet this exemption.

VERIFY LICENSES AND CURRENT DISCIPLINE ON-LINE

You can verify a nursing license at pr.mo.gov. Click on LICENSEE SEARCH. You can search by name or license number. The search results will show the licensee's name, city, state, original issue date, expiration date and whether there is any discipline currently on the license.

WHAT IS PUBLIC INFORMATION?

In accordance with Section 620.010.14(7), RSMo, the only information regarding an applicant/licensee that is public includes:

- Name (including maiden name and previous names);
- Address;
- License type, license number, dates of issuance and expiration date;
- License status (i.e. current, inactive, lapsed, surrendered or no license issued);
- License certifications and dates (e.g. IV Certified); and
- Disciplinary action taken against a license (i.e. censure, probation, suspension, revocation).

The above is the only information that may be released to the public, including family members, employers and the media.

Confidential information in an applicant/licensee's file may only be released under the following circumstances:

- With the written authorization of the applicant/licensee;
- Through the course of voluntary interstate exchange of information with other boards of nursing;
- Pursuant to a court order; or
- To other administrative or law enforcement agencies acting within the scope of their statutory authority.

Occasionally, a caller might want to verify a licensee/applicant's date of birth or social security number. A licensee or applicant's date of birth and/or social security number is not public information and therefore cannot be verified by our office unless we are provided with a

Licensure cont. on pg. 12

Licensure cont. from pg. 11

signed release from the licensee/applicant.

MISSOURI NURSING PRACTICE ACT AVAILABLE ON-LINE

You may view the Missouri Nursing Practice Act (Statutes) from our Web site at pr.mo.gov.

COMMONLY ASKED LICENSURE QUESTIONS

Where do I call to verify a Certified Nurse Assistant (CNA) or Certified Medical Technician (CMT)?

Contact the Division of Aging at (573) 526-5686.

Where do I call to verify an Emergency Medical Technician (EMT)?

Contact the Bureau of Emergency Medical Services at (573) 751-6356.

What is the process for the Board to endorse my license to another state?

You must contact the state board of nursing where you want a license and request an application for licensure. Contact information for boards of nursing can be found at http://www.ncsbn.org/public/regulation/boards_of_nursing_board.htm. At the time you apply for licensure in another state, that Board will give you a Nursys verification or you can download the form from http://www.ncsbn.org/public/regulation/res/verification.pdf. Complete your part of the form and send it to the address indicated on the form **with a $30 money order.**

VERIFICATION OF A LICENSE

You can verify licenses on-line at pr.mo.gov. Click on LICENSEE SEARCH. You can search by name or license number. The search results will display the licensee's name, city, state, license number, original license issue date and license expiration date.

If you have a list of nurse licenses that you would like verified, you can send the list to our office electronically. We will match the list with our database and send the results back to you electronically. Your list needs to be an Excel document or a text file (tab or comma delimited). It should contain the nurse's name and license number. E-mail the list to nursing@mail.state.mo.us.

In order to verify licensure, ask to see an original current Missouri license or temporary permit before the employee reports to orientation. A temporary permit will have a raised Board seal. A license will have the expiration date, profession and license number. The license number could be the profession code (RN or PN) followed by a 6-digit number or a 10-digit number, which consists of the year the license was issued followed by a 6-digit number. Example of a 6-digit license number could be RN060619. An example for the 10-digit license number is 2000134178. When requesting verification from our office, you must provide the complete license number, which includes the year of license.

The name, address and licensure status of all currently licensed nurses is public information. If you have any questions, please call the Board office or use the Web to verify credentials **before hiring**. Our office is staffed Monday through Friday from 8:00 AM to 5:00 PM, excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at nursing@mail.state.mo.us
- On-Line Licensee Search at pr.mo.gov

Graduate Nurse Practice

THE RULE

State Regulation 4 CSR 200-4.020 (3) reads: "A graduate of a nursing program may practice as a graduate nurse until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs."

Missouri does not issue a graduate temporary permit, however, if the individual qualifies s/he may practice as a graduate nurse under 4 CSR 200-4.020 (3).

The graduate must cease practice as soon as s/he fails the exam or 90 days after graduation, whichever is first.

We recommend that you have the graduate sign an ***Authorization to Release Confidential Information*** form so we may provide you with periodic updates on the person's exam and licensure information. A sample authorization form is included with this article.

AFTER THE EXAMINATION

Graduates applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results provided all other licensure requirements are met. When results are received, the successful candidate will be sent the results and a "pass" letter authorizing the person to practice until the license is received.

There is a thirty (30)-day grace period for graduates who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received his/her results. Graduates applying for endorsement to Missouri should begin the Missouri licensure process immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the results to our office so we can issue a temporary permit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

ABOUT ORIENTATION

Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

PROPER SUPERVISION

According to 4 CSR 200-5.010 (1), proper supervision is defined as, "the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation."

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

(Print Legibly in Black Ink)

I,_____ , hereby authorize the MISSOURI STATE BOARD OF NURSING to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to my employer,_____ , and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release the following information: my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam and my exam results.

A copy of this authorization will be considered as effective and valid as the original.

_____ _____

Date Applicant's Signature

_____

Applicant's Printed Name

_____

Applicant's Social Security Number

Fax to the Missouri State Board of Nursing at (573) 751-6745

Facts About NCLEX®

2003 Nurse Licensure Examination Statistics

Multiple steps must be completed before a nurse can safely enter into this important profession. These steps typically include:

- graduating from a recognized nursing program,
- meeting the specific requirements of the state board of nursing, and
- passing the National Council of State Boards of Nursing (NCSBN) NCLEX® examinations for Registered Nurses or Licensed Practical/Vocational Nurses.

Because passing the NCLEX is usually the final step in the nurse licensure process, the number of people passing the NCLEX ("pass rate") is a good indicator of how many new nurses are entering the profession in the U.S.

These tables provide the most recent data on the NCLEX testing volume and the associated pass rates. In addition, NCSBN has listed the top five countries where nurses were educated outside the U.S. and who are taking the NCLEX examination in hopes of obtaining nursing employment in the U.S.

NCLEX® Volume and Pass Rates January 2004

Number = the number of people taking the examination.

Percentage = percentage of the number that passed the examination ("pass rate").

	2003				
Candidates	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
RN					
Total	**26,085 (69%)**	**31,439 (74%)**	**47,886 (77%)**	**19,329 (55%)**	**124,739 (71%)**
First-Time	18,739 (81%)	24,111 (85%)	40,552 (84%)	9,814 (67%)	93,216 (82%)
Repeat	7,346 (39%)	7,328 (40%)	7,334 (39%)	9,515 (42%)	31,523 (40%)
U.S.-Educated	18,932 (79%)	24,136 (84%)	39,970 (83%)	11,127 (66%)	94,165 (81%)
Foreign-Educated	7,153 (42%)	7,303 (43%)	7,916 (44%)	8,202 (40%)	30,574 (42%)
PN					
Total	**12,119 (76%)**	**10,646 (74%)**	**20,798 (84%)**	**13,018 (76%)**	**56,581 (79%)**
First-Time	9,453 (85%)	8,018 (84%)	18,325 (89%)	10,482 (85%)	46,278 (87%)
Repeat	2,666 (45%)	2,628 (43%)	2,473 (42%)	2,536 (42%)	10,303 (43%)
U.S.-Educated	11,125 (79%)	9,648 (77%)	19,750 (86%)	11,971 (79%)	52,494 (81%)
Foreign-Educated	994 (45%)	998 (41%)	1,048 (41%)	1,047 (40%)	4,087 (42%)

First-Time Foreign-Educated Candidates: Top 5 Countries (with respect to volume)

In this table, the count of first-time foreign-educated candidates includes both RNs and PNs.

	2003				
Volume	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
1st	Philippines 2,590	Philippines 2,495	Philippines 2,612	Philippines 2,930	Philippines 10,627
2nd	India 305	Canada 364	Canada 431	Canada 380	Canada 1,464
3rd	Canada 289	India 353	India 380	India 356	India 1,394
4th	South Korea 219	South Korea 262	South Korea 280	South Korea 297	South Korea 1,058
5th	Nigeria 86	Nigeria 93	China 125	Nigeria 113	Nigeria 409

For more detailed information about the NCLEX examination statistics, see "Licensure and Examination Statistics" at www.ncsbn.org/public/regulation/licensure_stats.htm.

For more general NCLEX information, see the Testing Services section of NCSBN's Web site, www.ncsbn.org.

Governor of Oregon Removes Physician Supervision for Nurse Anesthetists

For Immediate Release, December 11, 2003

PARK RIDGE, Ill. – Oregon has become the eleventh state to opt out of the federal physician supervision requirement. The opt-out is effective immediately.

Taking advantage of an anesthesia care rule that allows states to become exempt from the supervision requirement, Oregon Governor Theodore Kulongoski wrote to the Centers for Medicare & Medicaid Services (CMS) that his state was opting out because "I have determined that it is in the best interest of Oregon citizens to exercise this exemption...In many of Oregon's small rural hospitals, CRNAs are the only, or primary, anesthesia providers."

Since December 2001, ten other states have opted out of the federal physician supervision requirement, including: Iowa, Nebraska, Idaho, Minnesota, New Hampshire, New Mexico, Kansas, North Dakota, Washington, and Alaska.

The anesthesia care rule that enables states to opt out of the supervision requirement was published by CMS in the Federal Register [66 FR 56762-56769] on Nov. 13, 2001. The rule allows a governor to notify CMS in writing of the state's desire to opt out (be exempt from) the supervision requirement for Certified Registered Nurse Anesthetists (CRNAs) after the governor meets the following prerequisites: consults with the state's boards of medicine and nursing, determines that opting out of the requirement is consistent with state law, and decides that it is in the best interests of the state's citizens.

In the two years that states have been opting out of the supervision requirement, there have not been any reports of anesthesia patient deaths or injury related to the removal of physician supervision of CRNAs.

Governor Thomas Vilsack of Iowa, where 91 of the state's 118 hospitals rely solely on nurse anesthetists to provide anesthesia care, wrote to the governor of another state in July 2003 that he had "received many letters from hospital administrators, physicians and healthcare organizations praising the overwhelming success of the opt-out. I have also received notice from the Iowa Board of Nursing and the Iowa Department of Public Health that the quality of care given by CRNAs has never been higher."

Vilsack added that "…Iowa has proven the intent of the opt-out change is a complete success in practice."

According to an Institute of Medicine report published in October 1999, anesthesia care today is nearly 50 times safer than it was 20 years ago. CRNAs administer 65 percent of the anesthetics given each year in the United States and are the predominant anesthesia providers in rural and other medically underserved areas. Without these advanced practice nurses many of the facilities serving these areas would be unable to maintain surgical, obstetric, and trauma stabilization services.

About the American Association of Nurse Anesthetists

Founded in 1931 and located in Park Ridge, III., the AANA is the professional organization for more than 30,000 CRNAs. As advanced practice nurses, CRNAs administer approximately 65 percent of all anesthetics delivered in the United States each year. CRNAs practice in every setting where anesthesia is available and are the sole anesthesia providers in more than two-thirds of all rural hospitals.

Governor Martz Removes Physician Supervision for Montana's Nurse Anesthetists

For Immediate Release, January 26, 2004

PARK RIDGE, Ill. – Governor Judy Martz has informed the Centers for Medicare & Medicaid Services (CMS) in Washington, D.C., that Montana is opting out of the federal physician supervision requirement for nurse anesthetists because it "is in the best interest of Montana's citizens." The opt-out, which was supported by both the state Board of Medical Examiners and Board of Nursing, is effective immediately.

Montana becomes the 12th state to take advantage of an anesthesia care rule published by CMS in the *Federal Register* [66 FR 56762-56769] on Nov. 13, 2001, following Iowa, Nebraska, Idaho, Minnesota, New Hampshire, New Mexico, Kansas, North Dakota, Washington, Alaska, and Oregon. The rule allows a governor to notify CMS in writing of the state's desire to opt out of (be exempt from) the supervision requirement for Certified Registered Nurse Anesthetists (CRNAs) after the governor meets the following prerequisites: consults with the state's boards of medicine and nursing, determines that opting out of the requirement is consistent with state law, and decides that it is in the best interests of the state's citizens.

In the two years that states have been opting out of the supervision requirement, there have not been any reports of anesthesia patient deaths or injuries related to the removal of physician supervision of CRNAs.

In her letter to CMS, Gov. Martz stated that, "The Board of Medical Examiners, the Board of Nursing, and other interested and affected parties have been consulted in this matter. This exemption is in the best interest of Montana's citizens and is consistent with state law." In addition to nurse anesthetists and hospital administrators, nearly 50 physicians from across the state wrote letters to the governor in support of the opt-out.

"I am very pleased that the governor has decided to exercise the opt-out," said Jim Ahrens, president of the Montana Hospital Association. "CRNAs are an integral part of Montana's healthcare delivery system. In most rural communities, they are the only providers of anesthesia services; without their services, access to surgical care would be severely restricted."

Almost 80 percent of Montana's hospitals depend solely on nurse anesthetists to provide anesthesia care for their surgical, obstetrical, and trauma patients.

"Montana's CRNAs have a long and impressive track record of service," said Ahrens. "This decision will enable them to continue to provide these very valuable services."

Montana Nurses' Association (MNA) President Kate Steenberg echoed Ahrens' sentiments when she said that "the MNA strongly supports Governor Martz's decision that it is in the best interest of our rural state to opt out of the federal rule requiring physician supervision of Certified Registered Nurse Anesthetists. We are very proud of nurse anesthetists in Montana, who have an excellent patient safety record. The governor's decision provides better access to anesthesia care, especially in rural and medically underserved regions of our state."

"Nurse anesthetists have safely provided anesthesia care to Montana patients since the earliest days of surgery in this state," said Mike Barts, CRNA, ARNP, president of the Montana Association of Nurse Anesthetists (MTANA). "MTANA applauds Gov. Martz for recognizing this and for taking this action." Barts added that Montana CRNAs will continue to work cooperatively with the states' physicians as before.

The decision to opt out brings closure to an issue the MTANA and the MNA have advocated for since the federal opt-out rule was adopted in 2001.

According to an Institute of Medicine report published in October 1999, anesthesia care today is nearly 50 times safer than it was in the early 1980s. CRNAs administer approximately 65 percent of the anesthetics given each year in the United States, and they are the predominant anesthesia providers in rural and medically underserved areas, for expectant mothers, and for the nation's military servicemen and women during peacetime and wartime.

National Council Of State Boards Of Nursing (NCSBN) Issues Statement Related To Nurses Wanting To Take Nclex® For Purposes Of Obtaining A U.S. Visascreen™

JANUARY 12, 2004 - REVISED MARCH 9, 2004

Chicago, IL. - On July 25, 2003, the U.S. Citizenship and Immigration Services (USCIS) published final rules implementing section 343 of the Illegal Immigration Reform and Immigration Responsibility Act of 1996 (IIRIRA). Section 343 of IIRIRA requires that certain health care professionals successfully complete a screening program (U.S. VisaScreen™) prior to receiving an occupational visa, such as the H-1B, H-2B, TN status and permanent (green card) visas. Screening includes an assessment of the education of the applicant to ensure that it is comparable to a U.S. graduate in the same profession; verification that licenses are valid and unencumbered; successful completion of an English language proficiency examination; and, for nurses only, verification that the nurse has either passed the National Council of State Boards of Nursing (NCSBN) licensure examination for Registered Nurses (NCLEX-RN®) or the Commission on Graduates of Foreign Nursing Schools (CGFNS) qualifying examination (an NCLEX-RN predictor examination). In the case of practical or vocational nurses, successful completion of the NCLEX-PN® examination is required. NCLEX-RN and NCLEX-PN are developed and administered by NCSBN in cooperation with its members, the 60 U.S. state and territorial boards of nursing.

Under the final rules, certain nurses who are seeking temporary or permanent occupational visas as well as those who are seeking NAFTA status are required to first obtain a U.S. VisaScreen as part of the visa process. Prior to this final rule, only those nurses seeking permanent occupational visas were required to obtain a VisaScreen. Currently, the U.S. government has recognized the CGFNS/ICHP organization as the only authorized provider of the VisaScreen for nurses. **Please contact CGFNS/ICHP about VisaScreen questions. NCSBN can only assist with NCLEX information.**

Although the final rule became effective September 23, 2003, USCIS will issue a waiver for those seeking temporary visas and NAFTA status for up to one year. Additional information about these new rules can be obtained from USCIS at http://uscis.gov/graphics/howdoi/Health_Cert.htm.

NCSBN understands that some nurses impacted by these new rules already have valid state or territorial nursing licenses and are currently practicing in U.S. states and territories. NCSBN recognizes that many of these nurses may wish to take NCLEX to comply with the new VisaScreen rules. Therefore, NCSBN is working with its member boards of nursing to enable these impacted nurses to take the NCLEX examination (for U.S. VisaScreen purposes only) through a unique ("NCLEX for VisaScreen") process offered by participating state member boards of nursing and NCSBN itself. For further information on taking "NCLEX for VisaScreen", please contact the NCLEX information line at nclexinfo@ncsbn.org or toll-free at 866.293.9600. Additional NCLEX information can be obtained at http://www.ncsbn.org/, including information on the NCSBN on-line course offered to help prepare for the NCLEX-RN examination. NCSBN will start processing NCLEX for VisaScreen applicants on April 5, 2004. Further information for NCLEX for VisaScreen is available at: www.ncsbn.org/testing/generalinformation_FFF7E68E822C49CFAF1D473962FDE3F5.htm. In the meantime, the following boards of nursing will allow applicants to take NCLEX for VisaScreen purposes: Arkansas, Indiana, Maine, Maryland, Minnesota, North Carolina, New Hampshire and the Virgin Islands.

The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

NCSBN Responds to Issues Surrounding Recent Case of Nurse who Admitted to Killing Patients

Chicago, IL. - The National Council of State Boards of Nursing (NCSBN) is dismayed by the recent tragic events surrounding the Charles Cullen case, a nurse who admitted to killing patients while on duty. The vast majority of licensed nurses are highly respected professionals, truly worthy of the public's trust and accolades. Regrettably, it is the tragedies invoked by this case that lead us to examine the important work of nurse regulators in protecting the public.

Nursing regulation is the governmental oversight of nursing practice, carried out by the 60 state and territorial boards of nursing. Nurses are a regulated profession because of the potential for harm if practiced by someone who is unprepared or incompetent. Boards of nursing protect the public by:

- Carrying out requirements of the state Nurse Practice Act (or laws governing nursing).
- Setting nurse license requirements for safe nurse practice (along with other regulated titles).
- Issuing nurse licenses to appropriately prepared individuals.
  Determining violations of the Nurse Practice Act for potential disciplinary action against the nurse's license.
- Receiving and investigating complaints from the public (i.e., employers, patients and family members) on violations of the Nurse Practice Act, in which issues of incompetent or inappropriate nursing care may exist.
- Taking action against the license of the nurse who is found guilty of violating the Nurse Practice Act.

It is very important that employers, nurses, and the public at large, report nurses to their state or territorial board of nursing when warranted. Without receiving complaints regarding possible Nurse Practice Act violations, boards of nursing cannot take action to protect the public. These complaints of nursing practice violations help insure that regulators can investigate substandard nurse practice and take disciplinary or other appropriate action as needed. If you need information on how to report nurses to boards of nursing when appropriate, please contact your local state or territorial board; a complete list of contact information can be accessed at: http://www.ncsbn.org/public/regulation/boards_of_nursing_board.htm).

Employers (and the public) can also verify a nurse's license through their state's nursing board or NCSBN's Nursys™ Licensure QuickConfirm database (for information on participating nursing boards and data available see https://www.nursys.com/) to obtain additional information on nurses they hire and continue to employ. In addition to the license verification, discipline against a nurse's license is public, and the state nursing board or Nursys™ Licensure QuickConfirm would also contain that valuable information.

NCSBN understands that employers and regulators share the same desire to best protect the public from harm. By working together, nursing regulation and employers can be proactive in making sure that the public has access to competent and well-prepared nurses for a safe and effective health care system.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection. Vision: Building regulatory expertise worldwide

DISCIPLINARY ACTIONS**

Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

***Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number.*

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

Name	License Number	Violation	Effective Date of Censured License
Pamela K Daniels Cape Girardeau, MO	**RN 134592**	**Section 335.066.1 and 2(2), RSMo 2000** On 12/23/02, Licensee pled guilty to one count of possession of drug paraphernalia.	12/17/2003 to 12/17/2006
Lowell Austin Huls Sikeston, MO	**RN 2004005703**	**Section 335.066.1 and 2(2), RSMo 2000** On 1/22/01 and 10/8/02, Licensee pled guilty to DWI's. On 4/1/03, Licensee pled guilty to one count of supplying liquor to a minor.	3/1/2004 to 3/1/2006
Jason Matthew Lynch Chesterfield, MO	**RN 2004007340**	**Section 335.066.1 and .2(1), and (14), RSMo 2000** From 4/02 to 3/03, Licensee, while a student nurse, abused his prescriptions of Ultram, Hydrocodone and Alprazolam, consuming Valium and Nubain, which he received from a friend; drinking 6-12 beers a day and experiencing blackouts; taking excessive amounts of his prescription Prozac, Trazodone and Xanax; periodic consumption of Marijuana; and using Cocaine one time in the previous 4 years.	3/8/2004 to 3/8/2006

CENSURED LIST

Name	License Number	Violation	Effective Date of Censured License
Concepcion P Beyer Fredericktown, MO	RN 131690	**Section 335.066.2(6), RSMo 2000** From 5/1/01 through 1/21/03, Licensee practiced as a Registered Professional Nurse on a lapsed license.	Censure 1/23/2004
Linda M Brittentime Independence, MO	PN 053648	**Section 335.066.2(8), RSMo 2000** On 9/5/02, Kansas State Board of Nursing disciplined the Licensee's Kansas nursing license.	Censure 1/6/2004
Janis Fay Cole Jerseyville, IL	RN 2003009845	**Section 335.066.2(5), (6), and (12), RSMo 2000** From 9/24/01 through 3/18/03, Licensee practiced as a Registered Professional Nurse without a license.	Censure 3/5/2004
Janice R Coleman Bonne Terre, MO	PN 011917	**Section 335.066.2(5) and (12), RSMo 2000** During 11/00, while employed as an in-home services nurse, Licensee did not document or report to appropriate authorities the parental use of hitting her patient with a belt. On 11/28/00, when Licensee's patient acted out, Licensee flicked the patient several times on the buttocks with a belt.	Censure 1/3/2004
Carolyn L Cooper Centreville, IL	RN 099194	**Section 335.066.2(5) and (12), RSMo 2000** On 10/23/02, Licensee took a Hepatitis A vaccination from her employer and administered it to a non-employee without a physician's order.	Censure 1/3/2004
Dorinda S Harmon Florissant, MO	RN 039768	**Section 335.066.2(5), (6), and (12), RSMo 2000** From 5/1/01 through 4/22/03, Licensee practiced as a Registered Professional Nurse on a lapsed license.	Censure 1/31/2004
Joni K Holloway Laclede, MO	RN 096937	**Section 335.066.2(5) and (12), RSMo 2000** In late 12/02 or early 1/03, Licensee, while on duty, had sexual relations with a patient for whom she was providing home health services.	Censure 3/4/2004
Kathryn L. May Kaniowski Springfield, MO	RN 116598	**Section 335.066.2(5), (6), and (12), RSMo 2000** From 2/6/02 through 3/18/03, Licensee practiced as a Registered Professional Nurse on a lapsed license.	Censure 2/18/2004
Amanda Lawson Sainte Genevieve, MO	RN 1999137573	**Section 335.066.2(5) and (6), RSMo 2000** On 1/20/01, Licensee mixed Vistaril and Haldol in the same syringe and administered the medications to a patient. On 4/13/01, Licensee wasted 0.5 mg of Ativan without a second licensed professional observing the actual wastage. Licensee allowed a security officer to administer medication to a patient and allowed an aide to administer medicated ointment to a patient.	Censure 12/31/2003
Malissa Joyce Lundy Salem, MO	PN 2000170507	**Section 335.066.2(5) and (12), RSMo 2000** Between 5/31/02 and 7/12/02, on 7 occasions, Licensee documented that she had obtained the patients' vital signs when she had not. Between 2/22/02 and 5/3/02, Licensee made 15 nursing visits to a patient and documented that she had assessed the patient and obtained vital signs when she had not. During this time period, Licensee set up the patient's medications without a physician's order.	Censure 12/16/2003
Jill C Phillips Arnold, MO	PN 056185	**Section 335.066.2(5) and (12), RSMo 2000** On 3/17/03, Licensee took two doses of Zyprexa from a patient's bubblecard pack, put her initials and the word "borrowed" next to where the medication had been removed, and gave the doses to another patient who had run out of their prescription, Zyprexa.	Censure 2/21/2004
Sally Rose Versailles, MO	PN 027077	**Section 335.066.2(5) and (12), RSMo 2000** On 5/6/02, Licensee was assigned to work 11a.m. to 11p.m. shift. At 11a.m., Licensee clocked in, reported to her assigned area, and accepted report, keys, and the controlled substance count for her shift. At approximately 3:15p.m., Licensee abandoned her position when, without prior notice, she turned in her keys and identification badge and left the facility without giving report and counting the controlled substances.	Censure 7/31/2003
Debra L Russom Poplar Bluff, MO	PN 058203	**Section 335.066.2(5) and (12), RSMo 2000** From 12/16/01 through 1/5/02, Licensee did not provide home health care to three patients and did not provide for substitute care or notify her supervisor.	Censure 12/26/2003
Johnnie K Schoolcraft Caruthersville, MO	PN 034506	**Section 335.066.2(5) and (12), RSMo 2000** On 7/25/01 and 8/1/01, Licensee included in a home health client's medication planner several medications that had been discontinued on 7/18/01 by the client's physician.	Censure 2/18/2004
Patricia Susan Spellbrink St. John, MO	RN 059475	**Section 335.066.2(5) and (12), RSMo 2000** On 11/7/02, Licensee turned off an OB patient's monitor alarm at 9:30 a.m., the alarm was not turned on again until 8:30 p.m.	Censure 12/27/2003
Johnnie K Watson Miner, MO	RN 117646	**Section 335.066.2(5) and (12), RSMo 2000** On 7/25/01 and 8/1/01, Licensee included in a home health client's medication planner several medications that had been discontinued on 7/18/01 by the client's physician.	Censure 2/18/2004

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Jana L Allen Butler, MO	PN 056642	**Section 335.066.2(2) and (14), RSMo 2000** On 1/17/02, Licensee pled guilty to possession of a chemical with the intent to create a controlled substance.	Probation 12/16/2003 to 12/16/2007
William F Arnold Shawnee, KS	RN 130725	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** In 3/00, Licensee discovered 200 to 300 Oxycontin tablets that had been left over after a family member died. Licensee consumed the left over Oxycontin tablets on an ongoing basis between March 2000 and March 2002. Licensee misappropriated Demerol and Morphine from his employer for his personal consumption, on five to seven occasions, by improperly wasting excess Demerol and Morphine.	Probation 12/27/2003 to 12/27/2006
Bridget D Carroll Chesterfield, MO	RN 104583	**Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000** On 7/22/02, Licensee pled guilty to two counts of the Class C felony possession of a controlled substance and one count of the Class D felony fraudulently attempting to obtain a controlled substance. Also on 7/22/02, Licensee pled guilty to three counts of the Class D felony passing a bad check.	Probation 1/22/2004 to 1/22/2009
Debra S Case Springfield, MO	RN 106711	**Section 335.066.2(1), (5), (1), and (14), RSMo 2000** Between 3/01 through 7/23/01, Licensee misappropriated injectable Demerol for her personal consumption. On 12/10/01, Licensee misappropriated 50 mg of injectable Demerol from her employer.	Probation 1/24/2004 to 1/24/2007
Carla Casey Jefferson City, MO	RN 112245	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** From 2/02 until 9/30/02, Licensee misappropriated Darvocet and Oxycodone for her personal consumption.	Probation 8/15/2003 to 8/15/2007
Amanda Cate Corning, AR	RN 145576	**Section 335.066.2(5) and (12), RSMo 2000** On 8/31/02, Licensee drew up a saline flush and laid the saline syringe on the bedside table next to the already prepared epi syringe while she prepared the patient. Neither syringe was labeled with its contents. Licensee subsequently administered the epi syringe to the patient instead of the saline syringe.	Probation 2/18/2004 to 2/18/2006
Kimberly R Clark Poplar Bluff, MO	RN 136752	**Section 335.066.2(5) and (12), RSMo 2000** On 8/30/02, Licensee drew up 0.6 cc of epinephrine into an unlabeled syringe intending to administer 0.3 cc and have 0.3 cc on hand in case of further need. The patient refused the medication and Licensee place the 'epi' syringe on the patient's bedside table. Licensee finished her shift and left the unlabeled 'epi' syringe on the bedside table informing the oncoming nurse that the unlabeled syringe contained epinephrine.	Probation 2/13/2004 to 2/13/2006
Tisha Denise Clary Dexter, MO	RN 2002019508	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** From 9/18/02 to 10/19/02, while on duty, Licensee misappropriated more than seventy (70) doses of Demerol for her personal consumption, which she injected while on duty.	Probation 2/21/2004 to 2/21/2008
Theresa L Cochran Lake Ozark, MO	PN 048019	**Section 335.066.2(5) and (12), RSMo 2000** On 11/25/02, Licensee administered four tablets of Hydrocodone to resident #1, the order was for two tablets every four hours. On 12/29/02, Licensee administered two tablets of Hydrocodone to resident #2, the order was for one tab. every 3 hrs. On fourteen occasions during 12/02, Licensee administered two Hydrocodone tabs at a time to resident #3, the order was for one tab. every 3 hrs. Licensee administered two Endocet tablets to resident #4 and resident #7 on at least 8 occasions per resident when the order was for one tab. every 6 hrs. From 12/29/02 to 1/2/03, Licensee on 8 occasions administered two Hydrocodone tabs to resident #8 when the order was for one tab. every 3 hrs. prn. On nine occasions in 12/02, Licensee withdrew Vicodin for resident #9 and failed to document its administration or wastage.	Probation 3/12/2004 to 3/12/2005
Angela Parrott-Couts Sedalia, MO	PN 045106	**Section 335.066.2(1), (2), (12), and (14), RSMo 2000** On 5/7/01, Licensee pled guilty with the unlawful use of drug paraphernalia, in possession of pseudoephedrine, and attempt to manufacture methamphetamine.	Probation 8/14/2003 to 8/14/2008
Belinda A Daly Kansas City, MO	RN 151503	**Sections 621.100, RSMo 2000 and 335.066.3, RSMo 2000** Licensee failed to follow physician orders regarding the administration of 200mg. of Fosphenytoin to a patient. She improperly mixed saline with 1000mg of Fosphenytoin and began infusing the Fosphenytoin I.V.	Probation 1/22/2004 to 1/22/2007
Kathleen M Deck St. Louis, MO	RN 066234	**Section 335.066.2(15), RSMo 2000** On 1/13/01, Licensee did not try to re-direct or seek more assistance for a resident who fell during an elopement attempt. Licensee's name was placed on the Employee Disqualification List for three years by the Department of Health and Senior Services.	Probation 3/3/2004 to 3/3/2006
Robert L Duncan Trenton, MO	RN 2004007334	**Section 335.006.1 and .2(2). RSMo 2000** On 4/14/98 and 9/6/00, Licensee pled guilty to DWI. On 3/23/99, Licensee entered into a plea agreement whereby he pled guilty to DWI.	Probation 3/11/2004 to 9/17/2007

Probation cont. on pg. 21

Probation cont. from pg. 20

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Lisa M Dunn Galena, MO	RN 141883	**Section 620.153, RSMo 2000** On 4/26/03, Licensee relapsed on alcohol.	Probation 1/22/2004 to 1/22/2008
Lori A Ennis Sparta, MO	PN 050518	**Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000** From 2/10/99 to 11/16/01, Licensee pled guilty to five counts of Class D felony fraudulently attempting to obtain a controlled substance.	Probation 1/22/2004 to 1/22/2009
Lisa M Haithcock Chesterfield, MO	RN 139379	**Section Section 620.153, RSMo 2000** Licensee violated the terms of her disciplinary agreement by not attending required meetings and not submitting required documentation	Probation 1/22/2004 to 1/22/2007
Peggy A Joanez St. Louis, MO	PN 030442	**Section 335.066.2(1), (5), (12), (14), and (15), RSMo 2000** On 5/20/02, Licensee was found in possession of 60 tablets of 40mg Morphine and 15 tablets of Tylenol #3, which she misappropriated for her personal consumption.	Probation 3/3/2004 to 3/3/2007
Rebecca Junge St. Louis, MO	RN 138287	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** On 10/9/02, after reporting for duty at 7 pm, Licensee abandoned her patients at 11:15 pm without providing substitute care or notifying her supervisor.	Probation 2/6/2004 to 2/6/2007
Relonda Cardray Lloyd Joplin, MO	PN 2002017920	**Section 335.066.2(5) and (1), RSMo 2000** On 3/20/03, while assigned to care for a ventilator dependent, pediatric home health patient, Licensee was found asleep in the patient's room. When assessed, the patient was found to have coarse lung sounds, drainage from his nose and an elevated temperature; additionally the pulse-ox machine was turned off and the patient had not received a 6 a.m. breathing treatment, as ordered.	Probation 2/11/2004 to 2/11/2005
Dana M Mehrens Lawrence, KS	RN 140074	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** On 8/19/02, Licensee submitted to a urine drug screen, which was positive for Amphetamine and Methamphetamine. In 9/02, Licensee relapsed on alcohol and began abusing prescription medications.	Probation 12/18/2003 to 12/18/2006
Kristine Louise Monti St. Louis, MO	RN 2002026663	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** During the first two weeks of October 2002, Licensee misappropriated various narcotics from her employer's Pyxis system for her personal consumption. On 10/15/02, Licensee was found in possession of 100mg of Demerol, 20mg of Morphine, 10mg of Oxycodone, and 140mg of Oxycontin, which she had misappropriated from her employer for her personal consumption.	Probation 12/16/2003 to 12/16/2006
William S Myers Cape Girardeau, MO	PN 052627	**Section 335.066.2(2), (5), (1), and (14), RSMo 2000** On 6/16/00, Licensee misappropriated Valium from his employer for his personal consumption and submitted to a drug screen which tested positive. On 4/2/01, Licensee pled guilty of class C felony possession of methamphetamine.	Probation 1/27/2004 to 1/27/2007
Donna A Nettles Gideon, MO	RN 138410	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** Between 6/02 and 12/02, Licensee called in fraudulent prescriptions for Lorcet and misappropriated the medication for her own personal consumption.	Probation 12/27/2003 to 12/27/2008
Kenyatta Patrick St. Louis, MO	PN 2000169865	**Section 335.066.2(5) and (12), RSMo 2000** On 6/14/02, Licensee failed to adequately monitor a resident resulting in a dangerously low blood sugar.	Probation 8/19/2003 to 8/19/2004
Jean A Payne Florissant, MO	RN 135948	**Section 335.066.2(1), (5), (12), and (14),RSMo 2000** Beginning in 9/00 to 12/00, Licensee misappropriated Percocet on an ongoing basis from her employer for her personal consumption.	Probation 1/22/2004 to 1/22/2007
Sharon R Pool Park Hills, MO	PN 033076	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** On 10/17/02, Licensee misappropriated Vicodin from her employer for her personal consumption.	Probation 12/27/2003 to 12/27/2006
Joseph D Puff St. Louis, MO	RN 153660	**Section 335.066.2(5) and (12), RSMo 2000** On 3/31/03, while on duty, Licensee altered a written physician's order for Morphine Sulphate 6 mg to Morphine Sulphate 6 mg IVP and administered 2mg of Morphine Sulphate IVP without a physician's order.	Probation 3/11/2004 to 3/11/2005
Tiffanny M Richert Claremore, OK	RN 122723	**Section 335.021, RSMo 2000** Licensee violated the terms of her disciplinary agreement by not attending required meetings and not submitting required documentation.	Probation 1/27/2004 to 1/27/2007
Tracy D Ridpath Hollister, MO	RN 140447	**Section 335.066.2 (5) and (12), RSMo 2000** On 7/10/02 and 8/12/02, Licensee self-administered Insulin, which she had misappropriated from her employer.	Probation 1/16/2004 to 1/16/2006
Jeanette F Rudolph Clinton, MO	PN 054429	**Section 335.066.2(2), RSMo 2000** On 10/19/01, Licensee pled guilty of possessing more than 5 grams of marijuana with the intent to distribute it.	Probation 1/22/2004 to 1/22/2005
Denise Renee Sanders Kansas City, MO	PN 2002014649	**Section 335.066.2(5), (6), and (12), RSMo 2000** Licensee worked as a graduate nurse past the exemption period from 3/22/01 to 6/28/02. In May 2002, Licensee had made a photocopy of a co-worker's license, replaced the co-worker's name with her own and presented it to the employer with intent to represent that the Licensee was duly licensed.	Probation 1/31/2004 to 1/31/2005

Probation cont. on pg. 22

Probation cont. from pg. 21

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Jennifer L Scholtz Chesterfield, MO	RN 137057	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** On 9/6/02, Licensee consumed three Demerol tablets, which had been prescribed for a family member. On 9/10/02, Licensee misappropriated 25mg of Demerol, which she consumed while on duty. On 9/10/02, Licensee submitted to a random drug screen which was positive for Meperidine (Demerol).	Probation 12/26/2003 to 12/26/2006
Ruby J Sledge St. Louis, MO	PN 034037	**Section 620.153, RSMo 2000** Licensee violated the terms of her disciplinary agreement by not attending required meetings and not submitting the required documentation.	Probation 1/22/2004 to 1/22/2005
Darla L Smith Windsor, MO	PN 052111	**Section 335.066.2(2), RSMo 2000** On 2/13/03, Licensee pled guilty to possession of drug paraphernalia.	Probation 3/2/2004 to 3/2/2006
Sonja R Stacer Taneyville, MO	PN 043268	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** On 2/21/02, Licensee administered 5 doses of MSIR to a patient when the order stated to not exceed 3 doses. On 3/14/02, Licensee misappropriated Ultram for her personal consumption; on 3/20/03, Licensee misappropriated one 30 mg. tablet of MSIR for her personal consumption.	Probation 1/8/2004 to 1/8/2007
Nancy A Walter St. Louis, MO	PN 056876	**Section 335.066.2(1), (5), (12), (14), and (15), RSMo 2000** Between 9/01 and 1/8/02, Licensee misappropriated Darvocet on an ongoing basis for her personal consumption. Between 12/01 and 1/8/02, Licensee misappropriated Vicodin, Oxycontin, and Morphine on an ongoing basis for her personal consumption. On 12/23/02, Licensee was placed on the Employee Disqualification List.	Probation 12/27/2003 to 12/27/2006
Claudia J Wesely Joplin, MO	PN 047599	**Section 335.066.2(1), (2), (5), and (12), RSMo 2000** On 11/14/02, while on duty, Licensee submitted to a breathalyzer test which tested positive for alcohol. On 12/6/02, Licensee pled guilty to DWI-Persistent Offender.	Probation 12/26/2003 to 12/26/2005
Billy G Williams St. Louis, MO	PN 055664	**Section 620.153, RSMo 2000** Licensee violated the terms of his disciplinary agreement by not submitting required documentation.	Probation 1/22/2004 to 1/22/2007
Teresa E Wright Raymore, MO	RN 131132	**Section 335.066.2(5) and (12), RSMo 2000** On 3 separate occasions between 1/22/03 and 1/23/03, Licensee withdrew 3, 50-mg dosages of Demerol for a resident but only documented the administration of one dosage of Demerol each time. Between 1/27/03 and 2/6/03 on 3 occasions, Licensee withdrew a 50-mg dosage of Demerol for a resident, where there were no physician orders. Between 2/6/03 and 2/11/03, on 2 occasions, Licensee withdrew a 25 mg dosage of Demerol for a resident without a physician's order.	Probation 12/31/2003 to 12/31/2005

SUSPENSION/PROBATION LIST

Name	License Number	Violation	Effective Date of Suspension/Probation
Cheryl L Fabulae Kansas City, MO	RN 102172	**Section 621.110, RSMo 2000 and Section 335.066.3, RSMo 2000** On 11/28/01, Licensee backdated a verbal order for Roxicet to correspond to her administration of the drug to a patient. On 12/4/01, Licensee misappropriated two Vicodin for her personal use. On 12/7/01, Licensee administered Roxicet to a patient without a physician order. From 12/19/01 through 12/23/01, Licensee withdrew 21 tabs. of Vicodin for a patient who did not have a physician order for Vicodin.	Suspension 1/22/2004 to 1/22/2005 Probation 1/23/2005 to 1/23/2010
Stacey L Hampton St. Louis, MO	PN 033535	**Sections 621.100, RSMo 2000 and 335.066.3, RSMo 2000** On 3/3/02, Licensee, while on duty, consumed one Oxycontin tablet, 30 Percocet tablets, and 28.5 milligrams of liquid Roxanol for her personal use and consumption. On 6/23/02, Licensee, while on duty, possessed and consumed 30 Percocet tablets for her personal use and consumption.	Suspension 1/22/2004 to 1/22/2005 Probation 1/23/2005 to 1/23/2010
Connie Williams Salem, MO	RN 096353	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** From 11/21/01 through 1/29/02, Licensee misappropriated Demerol for her personal consumption.	Suspension 7/30/2003 to 7/30/2004 Probation 7/31/2004 to 7/31/2008
Martin S Wilsoncroft Tempe, AZ	RN 100252	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** From 3/97 to 4/02, Licensee filled out prescriptions for patients at his employment and gave them to a physician for his signature. Licensee included unauthorized prescriptions for Lorcet for his personal use and consumption in the prescriptions he presented to the physician.	Suspension 1/3/2004 to 1/3/2005 Probation 1/4/2005 to 1/4/2008

REVOKED LIST

Name	License Number	Violation	Effective Date of Revocation
Erik B Burnett Moberly, MO	PN 054728	**Section 620.153, RSMo 2000** Licensee violated the terms of his disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.	Revoked 1/22/2004
Robin R Dorrin St. Louis, MO	PN 044693	**Section 335.066.2(3) and (11) and Section 335.066.2(2), (5), and (1)** On 2/22/82, Licensee pled guilty to prostitution. On 1/26/90, Licensee pled guilty to forgery. On 8/23/91, Licensee falsified information on the Board's application for licensure. On 4/4/02, Licensee pled guilty to felony stealing.	Revoked 1/22/2004
Chadwick B Grimm St. Louis, MO	RN 149277	**Section 620.153, RSMo 2000** Licensee violated the terms of his disciplinary agreement by not submitting required documentation. From 3/03 to 4/21/03, Licensee relapsed on Vicodin, Lorecet, and Percocet.	Revoked 1/22/2004
William E Kessler Tuscumbia, MO	PN 053404	**Section 335.066.2(5) and (12), RSMo 2000** On two occasions, Licensee engaged in sexual relations with an inmate.	Revoked 2/21/2004
Nancy M King Florissant, MO	RN 133202	**Section 620.153, RSMo 2000** Licensee violated the terms of her disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.	Revoked 1/27/2004
Stacey Michelle Staggs Weston, MO	RN 1999142630	**Section 620.153, RSMo 2000** Licensee violated the disciplinary agreement by not attending required meetings and by not submitting required documentation.	Revoked 1/22/2004

VOLUNTARY SURRENDER*

Name	License Number	Effective Date of Voluntary Surrender
Laurie A Burnett Springfield, MO	RN 103192	1/8/2004
Barbara A Hopkins Seneca, MO	PN 054129	2/12/2004
Laurie Lee Noel Moberly, MO	PN 048487	1/5/2004
Rochelle A Ross Independence, MO	RN 079797	1/8/2004
Barbara J Wilson Mexico, MO	PN 043146	1/23/2004

*Surrender is not considered a disciplinary action under current statutes.

MEDMARX℠ 2002 Data Report Fact Sheet

MEDMARX 2002 Data Raise Concerns for Hospitals and Other Health Care Facilities on Medication Errors for High-Alert Medications

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MEDMARX data from 2002 show that errors in using high-alert medications continued to disproportionately harm hospital patients in 2002. Medications designated as "high-alert" tend to have a significantly higher risk of patient injury when administered incorrectly. The United States Pharmacopeia (USP) calls for all high-alert medications to be packaged, stored, distributed, prescribed, dispensed and administered safely to minimize the risk of injury to patients.

As was the case with 2001 MEDMARX data, eight of the 10 products most often involved in hospital medication errors that caused patient harm were high-alert medications. Also similar to 2001, the eight high-alert products in the list below of top 10 products causing patient harm represented 31.1 percent of all medication errors that caused harm to patients in 2002. Four of them are narcotics and three are blood coagulation modifiers.

Top 10 Products Involved in Patient Harm in 2002	**Product Indication**
1. Insulin*	Used to treat patients with Type 1 or Type 2 diabetes
2. Morphine*	Narcotic used to treat moderate to severe pain
3. Heparin*	Anticoagulant or blood thinner that treats or prevents the formation of blood clots
4. Potassium Chloride*	Used to prevent or treat potassium deficiency
5. Warfarin*	Anticoagulant or blood thinner that treats or prevents the formation of blood clots
6. Hydromorphone*	Narcotic used to treat moderate to severe pain
7. Fentanyl*	Narcotic often used in chronic pain management
8. Vancomycin	Antibiotic used to treat serious bacterial infections
9. Enoxaparin	Anticoagulant used to prevent blood clots from forming
10. Meperidine*	Narcotic used to treat moderate to severe pain

Indicates high-alert medication.

FY0417c

Technology Administration: "Innovation, Demand, and Investment in Telehealth"
Remarks on the Release of the Report

Remarks by Phil Bond, Under Secretary of Commerce for Technology, United States Department of Commerce
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Delivered February 26, 2004, to the Capitol Hill "Steering Committee on Telehealth and Healthcare Informatics" in Washington, DC

Thank you, Neal, for that introduction, and for arranging today's event. The Steering Committee is an important connection between Capitol Hill and the healthcare technologies industry, and I commend you, John and the Committee's chairs and sponsors for providing this forum and others like it throughout the year.

There is a great deal of interest in telehealth in Congress because it represents technology solutions to some very important issues, such as increasing access of more Americans to quality healthcare at a lower cost to consumers and taxpayers. The research leading up to the report we are releasing today was undertaken because there was an appreciable lag in the application of technology to medical care. If more technology were to be applied, the sector's productivity and benefits (access) could increase significantly. Why was it, we asked, that when telehealth, which is not a new technology, was discussed as an important method for delivering healthcare, it was often its potential that was emphasized rather than its results? What is the hold up?

Our study team, led by OTP and supported by NIST, set about the task of understanding the technology, the stakeholders, and the issues. The research stage was not difficult. In the private sector, the industry is capably represented by Jon Linkous and the American Telemedicine Association. Policy issues are very capably represented by Bob Waters and the Center for Telemedicine Law. On the federal side, the potential for telehealth is being very capably demonstrated by Dena Puskin and OAT throughout the nation, and by the military and the Department of Veterans Affairs. Most states have telehealth programs and we are pleased to have the State of Virginia and Texas represented on our panel today. The cooperation and support received from these and many other stakeholders made our research effort very productive, and for that we are most appreciative.

What should come as no surprise is that most stakeholders agree on what policies and market anomalies are limiting the realization of telehealth's potential. Those barriers have been analyzed in detail and are discussed in the report. For the most part, the stakeholders also agree on what could be or should be solutions. The report catalogs many of those potential solutions as a baseline and framework for action.

At this point, I should probably explain why the Technology Administration has an interest in telehealth. The Office of Technology Policy, while a capable and talented staff of technology policy analysts, is not in the healthcare business and does not make healthcare policy. While not health care experts, we are catalysts, and part of our mission is to maximize technology's contribution. What we are, however, is the federal portal for the nation's private technology sector, and we are in the business of improving the competitiveness of American high tech industries and fostering technology-led economic development by promoting a policy environment leading to greater innovation, productivity and profitability. We are, at the same time, the nation's primary advocate for technology solutions to the nation's human needs which, of course, include healthcare. We saw an area in which technology's contribution and potential were stymied, so when we were asked by the industry to undertake a comprehensive assessment of its innovation demand and investment, it was a role and a task for which OTP was especially well suited.

In fact, the primary finding of the report is that numerous market, policy and regulatory barriers limit the realization of telehealth's potential. One example is the complex system of licensure rules that govern healthcare providers in each state. Today's technologies allow doctors in one state to consult with specialists in another, but their state licensure rules may consider that "practicing without a license." Congress has recognized this issue as a barrier, but because healthcare is essentially a local matter, has been understandably hesitant to legislate a federal solution. Relatively recent developments such as healthcare over the Internet and homeland security needs for surge capacity and public health technologies have highlighted the inefficiencies and the impact on both patient and provider of overly restrictive licensure rules. It is in the interest of states, providers and consumers to change and improve the system. The report discusses various options and I would hope that the report will be seen as a catalyst for getting states to focus on the benefits of interstate cooperation for patients and providers alike.

There is no lack of data in the field of healthcare although having so much on paper and filed in drawers is terribly inefficient. The fact that the healthcare industry lags behind other economic sectors in the adoption and application of information technology is well known, and has been the problem and primary focus of one of our sponsors today, the eHealth Initiative. Telehealth with its IT applications has an awesome potential to increase access, improve quality, and reduce the cost of the nation's healthcare through better data management and decision support. I am hopeful that, with the report serving as a baseline, the various stakeholders to include other healthcare technologies, providers, consumer groups and papers, will get together with industry to focus on information data management to realize the potential of all healthcare technologies. Another specific challenge I'd like to address is that of the interoperability of technologies and applications and their integration with clinical processes are other issues widely recognized as barriers to innovation, demand and investment in telehealth. I am pleased to report that the American Telemedicine Association and our National Institute for Standards and Technology or NIST, as a direct outgrowth of convening stakeholders to research the report, have developed a joint process for establishing and marketing standards for diabetic retinopathy applications. The process itself is generic and plans are afoot to replicate the standards approach for other applications and interoperability needs. Gordon Lyon of NIST is available today to discuss how that partnership will advance telehealth technology.

Let me note, too, the global opportunity telehealth presents. The competitiveness of America's telehealth technologies is also important, especially when opportunities for expanding markets internationally are considered. Our telehealth products and services are demanded by the world for improved access to, quality of, and reduced cost of healthcare. The Commerce Department's International Trade Administration has, since this study was initiated, identified market opportunities for telehealth technologies, and, working with the ATA, has organized the participation of telehealth suppliers in trade missions and trade fairs. The ATA is also planning to expand its international marketing role in conjunction with ITA. When industry and the Commerce Department partner in this way, good things happen for America's exporters.

Why? Because we are fortunate here in Amercia to have the world's greatest concentration of leaders and experts in medical and healthcare specialties. This national treasure of healthcare expertise has the worlds as its market, and telehealth technology allows patients and providers anywhere to link into many of our most prestigious healthcare institutions and specialists for consultations and even treatment. It is troublesome, however, that it may be easier for a patient in Africa or Asia to access high quality specialized American healthcare than it is for our own citizens living in rural or remote areas.

That leads me to the University of Virginia telemedicine center and the State of Texas both have a great deal of experience in extending access to its medical systems to rural and remote areas and the issues involved, and I am very pleased to see Eugene and Craig on our panel this afternoon to address those issues. As I'm sure all our panelists will agree, the private sector is the key to all this as it must be the private sector that is willing and incentivized to increase its investment in infrastructure, information technology, telecommunications, applications and training, and the report discusses a variety of options and business models to help make that happen. With the exception of very large institutions such as the military and VA, telehealth today is by and large a collection of hundreds of small and medium size telehealth and eHealth networks. Linking networks would add capacity, increase services, increase efficiency, and, by increasing productivity, begin to lower costs. Limited networks could then be of value for public health alerts, research and more such as epidemiological surveillance applications

Bottom line: As the report describes, there is much that has been accomplished, but so much more that needs doing. At the end of the day, however, the role of the Office of Technology Policy and this report is consultative and not prescriptive. This report provides a baseline for action. The action is the responsibility of organizations represented here and many others. I will challenge you, as I did at the ATA conference last year in Orlando, to cooperate, coordinate and collaborate to get the job done – to agree on solutions and strategies then move forward to implementation. The Office of Technology Policy is standing by to support your efforts, and provide you with information. OTP will be briefing Congress on other important issues in the coming months to include the nation's IT workforce, nanotechnology, and education and training technologies over the next few months. I would ask those of you who would like to know more about OTP and its policy work to contact my staff following today's session.

Let me end today by restating the obvious. Healthcare touches all of us and the people we love, and is one of our nation's most important public and private priorities (as well as a $1.5 Trillion chunk of our economy). Therefore, we have, as a nation, invested a great deal over many years in the science of health. We must be equally diligent that we are doing all we can technologically to assure access for all Americans to the highest quality healthcare at the lowest possible cost. Healthcare technologies such as telehealth are essential to that task, and I hope you find this report serves you as a framework for progress in fulfilling this important responsibility.

The full "Innovation, Demand and Investment in Telehealth" report is available on line at www.technology.gov/reports.htm.

DID YOU CHANGE YOUR NAME?
DID YOU CHANGE YOUR ADDRESS?
DID YOU NOTIFY THE MISSOURI BOARD OF NURSING?

4 CSR 200-4.020 (15)(b) (1) says in part "If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing…… " and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change…."

Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please use the form or contact information below to notify the board office directly of any changes.

NAME AND ADDRESS CHANGE NOTICE

1. Is this an address change? ☐ YES ☐ NO 2. Is this a name change? ☐ YES ☐ NO			
☐ RN ☐ LPN		Missouri License Number	
OLD INFORMATION (please print):			
First Name		Last Name	
Address :			
City	State	Zip Code	
NEW INFORMATION (please print)			
First Name		Last Name	
Address(if your address is a PO Box , you must also provide a street address):			
City	State	Zip Code	Telephone Number
Please provide signature:			

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure (the wallet size card and/or wall hanging document), and the required fee of $15.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the LICENSURE INFO/FORMS tab on our website at www.ecodev.state.mo.us/pr/nursing.

You may contact our office in one the following manners:

- Internet E-mail: nursing@mail.state.mo.us (address changes only)
- Fax: 573-751-6745 or 573-751-0075
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102
- Telephone: 573-751-0681 (address changes only)

IMPORTANT TELEPHONE NUMBERS

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (*MoSALPN*)	573-636-5659
Missouri Nurses Association (*MONA*)	573-636-4623
Missouri League for Nursing (*MLN*)	573-635-5355
Missouri Hospital Association (*MHA*)	573-893-3700

SCHEDULE OF BOARD MEETING DATES THROUGH 2004

June 9-11, 2004
September 1-3, 2004
December 8-10, 2004

March 9-11, 2005
June 8-10, 2005
September 7-9, 2005
December 7-9, 2005

All meetings will be held at the Harry S Truman State Office Building, 301 West High Street in Jefferson City, Missouri. Photo ID is required.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Dates, times and locations are subject to change. Please contact the Board office for current information.

Note: Committee Meeting Notices are posted on our Web site at http://pr.mo.gov

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

As of May 6, 2004

Profession	Number
Licensed Practical Nurse	21,982
Registered Professional Nurse	75,840
Total	**97,822**